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1937

A Survey Of The State Hospital Of  
Iowa

Date 1937- ISPB

Conducted by the  
Mental Hospital Survey Committee



A SURVEY  
OF THE  
STATE HOSPITALS OF IOWA

Conducted by the

MENTAL HOSPITAL SURVEY COMMITTEE

50 West 50th Street, Room 822  
New York, N.Y.  
1937



MENTAL HOSPITAL SURVEY COMMITTEE

Walter L. Treadway, M.D., Chairman  
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Clarence M. Hincks, M.D.      Arthur H. Ruggles, M.D.  
J. Allen Jackson, M.D.      William L. Russell, M.D.  
H. Douglas Singer, M.D.

Participating Agencies

The National Committee for Mental Hygiene  
American Psychiatric Association  
United States Public Health Service  
American Medical Association  
The American Board of Psychiatry and Neurology  
American Neurological Association  
The Canadian National Committee for Mental Hygiene  
The Canadian Medical Association

Director  
Samuel W. Hamilton, M.D.

Associate Director  
Grover A. Kempf, M.D.

Cap. 1-

Offt, Iowa State Univ., 7/21/75



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## THE STATE HOSPITALS OF IOWA

### I THE OCCASION

For some time informed persons have known that the state Origin hospitals of Iowa are overcrowded and doubts have been expressed whether public support has been adequate for public needs. There has been agitation also relative to the insufficiency of trained personnel.

During the last session of the legislature (1937) a program Advance for the improvement of this situation was outlined for one of the attempt- mental hospitals, but failed to materialize because the money was ed not available. Further agitation followed on the part of interested persons, and to some extent in the newspapers. His Excellency Governor Nelson G. Kraschel invited a survey of the Iowa mental hospitals and schools for defectives to be undertaken by the Mental Hospital Survey Committee. The field work was done by Dr. Joseph E. Barrett during July and August of 1937.

Material  
for  
report

Most of the information herein has been obtained by residence in the various institutions by the representative of the Committee. Such residence has varied from a period of four days in the institutions for the feeble-minded to six and seven days in the mental hospitals. Information on statistics, general policies, and other matters has been obtained from the members and staff of the Board of Control. The Board's biennial report has been drawn upon for certain statistical and financial information. It is necessary to comment that because there is no physician associated with this central organization, no information could be obtained there regarding medical standards. The members of the various hospital staffs and the superintendents



have endeavored to answer all questions asked. Other hospital employees expressed their views, and patients were interviewed. Comments have also been made by interested citizens in several communities.

Statistics have also been available from the Federal Bureau of the Census. Other information has been obtained from the files of The National Committee for Mental Hygiene, and from miscellaneous sources.

## II HISTORY

### Early effort

The State of Iowa has been making provision for the care and treatment of its mentally ill and mental defectives probably longer than any State west of the Mississippi River. There would be considerable interest in an account of the development of the conditions that led to the establishment of each of its hospitals, and the reasons for each site selected. Each of the mental hospitals has been planned for its ultimate use, and they embody much of what was considered correct and best at the time of their erection.

### The schools

The first institution for the feeble-minded was originally an institution for the care of the orphan children of Civil War soldiers, and was later converted to its present use. The institution at Woodward was originally planned and erected for the care and treatment of epileptics and later was expanded to assume the care and training of the feeble-minded.

### First hospital

The first institution for the mentally ill was opened in 1861, at Mt. Pleasant. It is evident from written reports that those charged with the erection and organization of this hospital made every



effort to insure that it be as nearly correct as possible. They received counsel and direction from such men as Dr. Bell of the McLean Hospital at Waverley, Massachusetts, and Dr. Kirkbride of the Pennsylvania Hospital in Philadelphia, who were recognized authorities on the physical structure of mental hospitals at that time.

Ideals The attitude toward mental illness at that time is well expressed in the following excerpt from the report of the commissioners appointed to erect this hospital. "It is wholly unnecessary for the commissioners to call the attention of the legislature to the evils of insanity, or to show that no age or condition in life is free from this terrible calamity. It is sufficient to say in the words of another, 'That the custody and treatment of the insane are now recognized as among the highest duties which the State owes to its citizens.'" The word "treatment" has been underscored in the above excerpt as reference will be made to it later. Farther in the report of the commissioners we read as follows: "In the foregoing report, the word 'asylum' has been used, when referring to the building for the insane. This was done because it is the term most frequently found in the acts of the General Assembly. The commissioners believe that 'Hospital for the insane' is a more correct title and recommend that it shall be adopted in all future legislation. It is the name used by The Association of Medical Superintendents of American Hospitals for the Insane \* and by nearly all the new Hospitals for the Insane in the United States."

An excerpt from the first report of the trustees of Mt. Pleasant Hospital for the Insane is of further interest, "Happily, Iowa, from its wealth of resources, from its increasing population, from its high

-----  
\* Now the American Psychiatric Association



prospects of future prosperity, enjoys so high a reputation abroad, that many of the most distinguished and experienced physicians of the country were ready to accept this most difficult post. The trustees believe that the field of choice should not be circumscribed."

Classi-  
fication  
sought

Although two wings were planned in the beginning, one for the male and one for the female patients, only one wing of the hospital was completed. This necessitated housing both sexes in the same wing, and caused no little concern in the matter of classification. In requesting that the other wing be built the trustees write, "Moreover, in order to promote the comfort of the patients and the restoration to health and reason of such as are susceptible of cure, it is of the utmost consequence that the superintendent should have the means of classifying them according to the kinds and degrees of their insanity. Indeed, this classification of the patients is one of the great modern improvements in the remedial treatment of insanity." Proper means of classification is as essential today as then.

It is evident from the above that there were some men of great comprehension and foresight associated with the development of facilities for the care and treatment of the mentally ill in Iowa. But the boards of trustees were unfortunately abolished from her institutions. Although it is desirable and essential that there be central control and direction of a state-wide program such as this, it is equally as desirable and essential that the people maintain an active interest in the welfare and progress of its afflicted citizens. This can best be maintained by unpaid boards of trustees who can afford to devote some time to these problems.

In 1898 the boards of trustees of all state institutions, in-



Central  
Board

cluding those caring for the mentally ill and mentally defective, were replaced by a Board of Control, consisting of three members. No special qualifications are set forth by statute for membership on this board. The State has always been able to secure the services of men of broad experience and charitable interest. They have always endeavored to see that the mental hospitals should be conducted economically and within the range of their viewpoint. They have not professed to know the details of medical care and treatment of patients, but have been active in endeavoring to raise these standards when it has been shown to them that they are below what they should be. They do not have in the employ of the Board a physician who has had mental hospital experience and could assist them in all problems having to do with the care and treatment of the mentally ill. Such a person should be of much worth in helping to present the needs of these institutions in a technical way, in organizing a uniform state-wide program, in developing policies and standards in keeping with better medical care, and in organizing and compiling desired statistical data for the purpose of making comparisons.

Over-  
crowd-  
ing

Early in the history of the first hospital, overcrowding became a problem. This has indeed been usually the history of mental hospitals. Their advantages have quickly received public recognition in this embarrassing fashion. Under these circumstances, it is notable that "within six years the harmless and incurable were ordered back to their respective counties as fast as the counties could in any way provide for their care." County care regularly precedes state care and is usually discarded; Iowa is one of the very few states in which county care of the mentally sick has continued to have official recognition.



### III PRESENT FACILITIES

The institutions dealing with mental disorder and defect are listed below in the order of their establishment. In the second column is the stated normal capacity. In no instance are these figures based on careful floor measurements. In the third column is the present population. In the fourth column is the approximate number of beds that have been improperly pushed into space that should be devoted to other use. In the fifth column is the approximate percentage of overcrowding. The four hospitals receive the mentally sick, inebriates and drug addicts. Glenwood Institution receives mental defectives. The Hospital and School at Woodward receives epileptics and defectives.

| <u>Institution</u>                                   | <u>Date of Opening</u> | <u>Normal Capacity</u> | <u>Population 1937</u> | <u>Excess Beds</u> | <u>Per cent Excess</u> |
|--|------------------------|------------------------|------------------------|--------------------|------------------------|
| Mt. Pleasant State Hospital                          | 1861                   | 1,320                  | 1,495                  | 175                | 13.2                   |
| Independence State Hospital                          | 1873                   | 1,284                  | 1,771                  | 487                | 38.0                   |
| Glenwood Institution for Feeble-minded               | 1876                   | 1,650                  | 1,860                  | 210                | 12.1                   |
| Clarinda State Hospital                              | 1888                   | 1,250                  | 1,657                  | 407                | 32.5                   |
| Cherokee State Hospital                              | 1902                   | 1,120                  | 1,672                  | 552                | 49.2                   |
| Hospital for Epileptics and School for Feeble-minded | 1917                   | 1,000                  | 1,465                  | 465                | 46.5                   |

The four institutions for the mentally ill are (1) the Mt. Pleasant State Hospital, serving approximately the southeast quarter of the State with a population of 632,865; (2) the Independence State Hospital, serving the northeast quarter, with a population of 607,715; (3) the Cherokee State Hospital, serving the northwest quarter, with a population of 571,017;



(4) the Clarinda State Hospital, serving the southwest quarter with a population of 659,342.

The approximation in population of these hospital districts is striking. It suggests good planning in previous years, and should be commended. Iowa has done well also in keeping the size of its hospitals within practical bounds, and this policy also should be continued.

An adequate survey involves not only a study and valuation of the physical plants of these institutions, but also an evaluation of the medical and nursing personnel as to number, qualifications, and efficiency, and other personnel associated with the care and treatment of patients. The latter of these objectives will be discussed first as it is considered the major immediate problem resulting from the survey.

Public  
stand-  
ards

It is assumed throughout this report that the citizens of Iowa desire that the care and treatment of its mentally ill, epileptics and the training of its mental defectives in these institutions shall be as good as they can be made, provided the plans are sound and the expense incurred be for those things that are essential and in keeping with advanced practices.

Types  
of min-  
istra-  
tion

The term "care and treatment", as applied to the mentally ill, indicates that there are two distinct fields of activity. By care is meant all those essential things a sick person should have for his comfort and safety. When one is acutely sick he requires more care than after the acute stage has passed, and he is on the way to recovery or prolonged invalidism. The same is true of an acute or active mental illness. On the other hand, the acute or active physical and mental illnesses are the more likely to respond to proper treatment. Obviously mere care does not meet the requirement of acute sickness, either



physical or mental. There is a mistaken tendency to think that care is all that is required in any mental sickness. Any physician who has dealt with mental patients knows that this is far from the truth. The degree of improvement, the promptness of recovery, and not infrequently the question of life or death depends upon the treatment administered. For comparison we may say that a patient with acute appendicitis should of course have the best of care, but that many such cases will die unless given active treatment also. Any hospital therefore that presumes to serve a district by receiving all persons whose illness involves their mental integrity, should be equipped to give the best of treatment for the mental illness and also for as many subsidiary and intercurrent conditions as may be present.

To do this requires more than mere physical equipment.

Needs of  
treatment

The best of housing facilities with ample equipment continues to be only an asylum until it is further outfitted with that necessary ingredient to make it a hospital - an adequate staff of qualified physicians and nursing personnel to do the work needed by the patients.

#### IV MEDICAL ORGANIZATION

Medical  
personnel  
and fac-  
ilities

It would seem that at some time a study was made as to the needs of these various hospitals for physicians. It is found that in addition to the superintendent, Mt. Pleasant State Hospital has been allowed five physicians, Independence State Hospital six physicians, Cherokee State Hospital six physicians, and Clarinda State Hospital five physicians. Each of these hospitals is carrying one or more vacancies in its physician personnel. Each superintendent would like to fill his vacancies but hesitates to do so because of insufficient funds. Patients must



be fed and if more money is spent for personnel from the present appropriations there would be less money for food; the food market seems to be rising, so one must be cautious. Just why hospital appropriations should be so severely cut, has not been satisfactorily explained. Expenditures for hospital care and treatment, according to the financial reports, were already far too low, amounting to only a little above 50¢ per day per patient.

In further comparison to the former quotas of physicians, at the time these institutions were visited Mt. Pleasant State Hospital had two physicians, Independence State Hospital had five, Cherokee State Hospital had four, and Clarinda State Hospital had two. Such a shortage of physicians can mean nothing but a very low medical standard in these hospitals; in fact nothing more than an unsatisfactory type of custodial care can be expected.

Although these physicians employed at the four institutions Ratios would like very much to work for the improvement and recovery of their patients, the great number of wards and individual patients they must visit as a routine and the many urgent demands they must meet prevent them from doing much individual work with patients. A program of real psychiatric service cannot be effected with inadequate medical staffs. The American Psychiatric Association ten years ago recommended the ratio of one physician to 150 patients (aside from the superintendent) and called this a minimal standard for a hospital covering the mental hygiene of its district. It is a reasonable standard. According to the quotas mentioned above, if all the positions for staff physicians were filled the ratio in the four hospitals would be 1 physician to 300 patients. At the time visitation was made to each of the hospitals the total ratio of employed physicians was 1 to 507 patients.



When hospital doctors cannot do all that should be done, they necessarily apply themselves to what will keep the institution moving more or less, and let other things go. Some of the most genuinely important things must be set aside. The study of the personality gets less attention than it should, and individual psychotherapy - the focusing of the physician's training and experience on the problems of the individual patient - can receive but little consideration. Special therapies, such as hydrotherapy, occupational therapy, electrotherapy, physical education, etc., receive less medical supervision than they need and are consequently less effective.

In any hospital organization the level of treatment will never rise above the standards set by the physicians. If physicians are inadequate in number or caliber, the patients suffer.

A curative program is a great advantage to society in that it shortens the hospital residence of many patients and restores some to their homes who under a program of mere custody would only vegetate in the institution.

By the standards of the American Psychiatric Association there is already a deficit of 22 physicians on the quota basis in these hospitals. Early action should be taken to permit the filling of all vacancies that exist and the employing of additional physicians toward the recommended quotas. At least one physician should be added to each hospital staff each year for the next five years.

The statute limiting the salary of the superintendents to  
Salaries \$3,000.00 definitely limits the possibility of securing the services of physicians with psychiatric training to fill subordinate positions. Present salary schedules, with no prospects for increases after



efficient service, do not bring in enough qualified physicians. Witness the difficulties that have been experienced in filling existing vacancies. The statutory limitation on superintendents' salaries should be raised.

No  
schedule

The difficulties of superintendents in getting medical assistants do not end here. There is no schedule of salaries based on experience, length of service to the commonwealth or anything else. It is thought that each superintendent should on behalf of the state drive as sharp a bargain as possible with available physicians. This stultifying practice should cease and a graduated salary scale be established.

Living  
quarters

Attention should be given to the problem of suitable living quarters for married physicians and their families. In practically every institution such physicians live in small apartments adjacent to patients' wards or in other limited or undesirable space. Provision should be made for them to live in comfortable houses and meet their friends from outside the institution under favorable conditions.

Labora-  
tories

With one exception, each of the mental hospitals has a building set aside as a clinical and pathological laboratory. These are equipped with apparatus for routine laboratory procedures and a number of special procedures, yet in not one of the hospitals is there a physician who is a pathologist. It seems hardly necessary to point out that only by following cases to the end can a proper level of medical alertness be maintained. It is especially desirable that some physician on every staff shall have had good general pathological experience.

Research

It should not be misunderstood when it is said that a research attitude should be maintained and encouraged amongst the physicians of the hospital staffs. It is not expected that all physicians can give



their time to research and at the same time provide adequate treatment for many patients. It can be said however that in most instances the inquiring physician is the best physician. Each physician should from time to time be encouraged to undertake a special study, report it to his colleagues in the hospital, and then present it before a scientific society and have it published. Funds should be available to defray the expense of attending meetings for this purpose and for the purchase and distribution of reprints, all of which reacts favorably on the character of the staff, and adds to the reputation of the hospital and the state.

#### Teaching

The teaching of psychiatry to medical students should be taken seriously. At present each of the hospitals gives places to several medical students during the summer months. A program should be developed in collaboration with the University Medical School and the State Psychopathic Hospital at Iowa City, whereby some member of each hospital staff would be designated a clinical instructor for these students. By some such plan more medical students are likely to become interested in mental hospital work following graduation. Teaching also stimulates alertness in the members of the medical staffs.

#### Medical records

Any well organized hospital keeps adequate medical records. Such records in mental hospitals should not only contain a detailed developmental history of the patient, but a thorough history of the onset and development of the mental illness that has necessitated hospital treatment. The intramural record should be exhaustive in its notations of the patient's condition at the time of admission, and the changes from time to time, resulting from therapeutic measures.

Because of the nature of the illness the patient is most often not the best person to give a history of the onset and development of



his sickness. All too often the immediate relatives have not made careful observations of changes in attitude and personality, so that it becomes necessary to gather additional information from other sources. Such work requires the services of trained and tactful psychiatric social workers.

No such persons are employed by any mental hospital in Iowa. All too often a patient remains in the hospital for several weeks before information is secured relative to the development of his mental sickness. An attempt is made to secure information by means of mailed questionnaires, but these are far from satisfactory.

Dental  
service

On the whole this is satisfactory. Each hospital employs a full-time dentist. This type of service is much more satisfactory than part-time service, as it is possible to give better dental care when there is frequent contact with the patients.

Psycho-  
logical  
service

None of the hospitals has a psychologist amongst its personnel. The Board of Control established a Department of Psychology that has been operating since 1934. The staff of this department consists of a head psychologist, part-time; an assistant psychologist, full-time; and a secretary. This department is concerned mostly with child welfare problems and the psychological examination and grading of children in the various orphanages and juvenile institutions. A competent clinical psychologist can make considerable contribution to the understanding of mental patients.



## V NURSING

### Nursing personnel

Although there is apparently no classification in the nursing personnel set-up calling for the services of the psychiatrically trained graduate nurse, some of the superintendents have succeeded in interesting a few graduate nurses in work at their hospitals.

Study should be given to the problem of proper classification of ward personnel with graded pay increases for satisfactory service in the various grades. Training courses should be established for attendants, in which they are instructed as to the symptoms and peculiarities of the various types of patients with whom they have to work. They should be instructed regarding the various therapeutic measures and the best methods of handling difficult situations without abuse of their patients. Each hospital should begin so to organize its nursing service that suitable training in psychiatric nursing can be given to student nurses in general hospital training schools. All such schools are anxious to arrange for such affiliation where it is available.

### Values

The value of adequate and trained ward personnel cannot be too strongly stressed. Whether graduates of schools of nursing or trained by the apprentice system, these are the men and women who spend the most hours with the patients, and who have probably the greatest influence on their lives. What can be imagined more injurious to a patient than to have an unsympathetic and ignorant, clumsy man or woman in charge of his activities, thwarting his desires, uttering unpleasant comments, dominating him by threats, and demonstrating inability to understand his worries? On the other hand what can give better promise of fulfilling the desires of the citizens of the state for their sick friends than that the attendants, from the oldest to the least experienced, shall be imbued with the wish to help those in their charge?



Even such a fine desire to help, if not linked to proper procedure can result in discomfort rather than peace in the bedroom of any sick person, at home or in a hospital. Therefore it is essential that the nurses and attendants from whatever source they come shall, from the moment of entrance on service, be under the guidance of experience persons with not only a fine sympathy, but also with an expert understanding of the significance of the symptoms that their patients show, and a broad experience in teaching to the less expert the best ways of managing the daily routine and the emotional crises that mark the lives of their patients. Attendants should be chosen solely with a view to their probable capacity for aiding in the recovery of those in their care. Supervisors should be of sufficient number, and of such notable training that they will organize the work of their services to give the new employee a sympathetic understanding of every patient's situation; sympathetic, so that his attitude may be kindly even under difficulties; understanding, so that he may know what the forces are that he combats as he works with those whose sickness is of the mind and, therefore, all too easy to estimate on moral rather than medical grounds.

These qualifications and standards in nursing can be obtained only through adequate courses of instruction and training, for which provision should be made in the hospital budgets.

The grade of charge attendant needs emphasis. This position should be one of honor. Since honor is not conferred by titles alone, one must see that this grade carries sufficient salary so that it will be respected by the employees who hold it, as well as those who do not. Reception, physical treatment, infirmiary, and other services in which



intensive treatment is required should be manned by psychiatrically trained graduate nurses.

Hours of duty The long hours the ward personnel are required to be on duty should be given serious consideration. They come on duty at 6:00 A. M. and go off at 8:00 P. M., with one and one-half hours out for meals. This is too long to expect adequate service from any group of employees at such trying work. Neighboring states have reduced these hours considerably. With the small number of nurses and attendants, and the long hours of duty, it is not difficult to realize that not only do clashes occur between patients themselves, but also between patients and employees; that such clashes have occurred seems only too evident. Nor is it possible with so small a number of employees to use properly the treatment facilities that have been provided.

Ratios The ratio of nurses and attendants to patients in these mental hospitals is very unsatisfactory. The American Psychiatric Association recommends a ratio of one nurse or attendant to eight patients. The ratio in the four mental hospitals of Iowa is 1 to 19. If broken down to the individual hospitals we find that at Cherokee State Hospital the ratio is 1 to 17; at Clarinda State Hospital the ratio is 1 to 19; at Independence State Hospital the ratio is 1 to 17; at Mt. Pleasant State Hospital the ratio is 1 to 23.7. Such ratios can mean nothing better than a poor type of custodial care.

Living quarters After long hours of such trying work as these persons do, they are entitled to a good measure of comfort, rest, and recreation. The problem of suitable housing facilities for nurses and attendants should be given serious consideration. In only a few instances have any special provisions been made for these employees, and such provisions are insufficient to house them all. Those who are not assigned to



nurses' or attendants' homes must reside in rooms on the hospital wards where they rarely ever have any bath, toilet or lavatory facilities of their own. Working in an atmosphere of mental unrest by day and sleeping in the same at night does not promote good mental hygiene.

## VI SPECIAL THERAPIES

During the various states of mental disease the normal logical functioning of the brain, the most complex organ of the human body, is disturbed. Various emotional conflicts such as fear and anxiety affect the body nutrition in general, and as a concomitant of continued mental unrest the cells of the brain itself may show evidences of deterioration. The use of the various measures whereby the activities of one mind are brought to play upon another in an effort to bring about a state of mental rest and reestablish a feeling of confidence and security, falls under the head of psychotherapy. These procedures require considerable time on the part of the physician.

### Hydro- therapy

In each of these mental hospitals there is a central hydrotherapy department, but the work is mostly limited to tonic treatments for women patients. Hydrotherapy should not be confined to the four walls of a suite. Some of its forms should be applied throughout the hospital 24 hours a day. The use of hydrotherapy at night for hyperactive, destructive, disturbed mental patients obviates the necessity of giving large doses of sedative drugs. The present inadequacy of nursing personnel makes it impossible for a hydrotherapist to teach attendants how to apply wet packs or to run the prolonged bath.

Such therapeutic measures should be prescribed by the physicians and adequate notes made in the case records as to the results obtained.



The prolonged bath should be available in receiving wards and in wards for the disturbed, and pack rooms should be similarly distributed. It should be possible to use either of these measures at any hour of the 24.

Indus-  
trial  
Therapy

"Occupational Therapy" should be definitely distinguished from "Industrial Therapy". By the latter is meant the employment of patients who have passed the acute stage of their mental disorder, and are convalescing or are likely to require prolonged hospital care. The various industrial shops of the institution and various other departments provide excellent opportunity for occupying their time and permitting them to do something of a productive nature. This form of therapy should be carefully selected and prescribed in each instance.

Occupa-  
tion  
therapy

Occupation therapy is a more highly specialized therapeutic measure, and although it may lead to considerable production its primary purpose is to direct the mental patient's thoughts and activities toward something other than himself, and into the field of objectivity again. Attempts at such therapy should begin as soon after the patient's admission to the hospital as his condition will permit. It should be prescribed by the physician in detail, and its effects noted. Since it is customary for newly admitted mental patients (though they have no known physical disorder) to be kept in bed for a period of time, trained and skilled occupational therapy aides with full knowledge of the various arts and crafts should begin at once to try to draw the patient's attention from his disturbing thoughts and ideas. Each of the mental hospitals is deficient in this form of therapy.

Activity in this field is confined principally to needlework amongst a few of the women patients. As previously suggested these aides should not be thrown entirely on their own responsibility, but



should be directed by the physicians. Much can be accomplished by properly directed efforts in this field, and will be demanded more when the shortage of staff physicians has been corrected.

Physical  
education

Although play is enjoyed by everyone, its use in the treatment of mental patients is a means to an end. Many patients if left to their own resources will sit and sit, all too satisfied with their own thoughts and their world of fantasy and delusion. Experience in the better mental hospitals has demonstrated the usefulness of play in various forms to stimulate healthy competition among those whose mental illness makes them too individualistic, and to supplement other measures that cultivate physical sturdiness and vigor in a group who may neglect the demands of their own bodies. One may say that a considerable number of the patients in Iowa hospitals work on the farm and about the institution and get all the exercise they need. Quite true, but even they would enjoy a little play. On the other hand there are hundreds who, because of their extreme indifference and lack of interest rarely leave their wards except for walks. They must not be forgotten, and many of them may be brought back to industrial employment through proper measures persistently applied.

In one of the institutions a group of patients played "kitten ball". Such activities should be enormously expanded.

Music as  
therapy

The use of music and the dramatic arts in various ways is becoming more prominent in the therapy of mental patients, and Iowa should join in adopting progressive measures of treatment.

Biblio-  
therapy

Although each of the hospitals has some sort of a library of patients' books, no directed or prescribed reading (bibliotherapy) is attempted. Oftentimes such directed reading is highly beneficial and



should be given due consideration by the staffs as a possible therapeutic measure of great value. A skilled librarian should be placed in charge of both patients' and medical libraries, and because of special knowledge of book contents, may be extremely helpful in making proper selections.

Fever  
therapy

The treatment of general paresis by fever is now one of the commonplace methods of combating this condition. This, in combination with various arsenical compounds constitutes our most rational therapy for an otherwise fatal disease. This form of therapy is receiving very little use in these hospitals just now, a distressing omission. Much of some physician's time is required for this treatment and in addition skillful nursing care is necessary. It is expected that this special form of treatment will be more in evidence when more physicians are available, and the nursing personnel has been improved.

Hypogly-  
cemic  
therapy

Although this method of treating cases of dementia praecox is still being studied, there are numerous reports of beneficial results from this special therapy. In two of the hospitals a small use was being made of this form of treatment, but under rather unfavorable conditions due to inadequate nursing care.

In this section have been reviewed a variety of the accepted modes of attack on problems of mental disease. The record of these hospitals in the use of these measures is not impressive.

## VII DIETETICS

Any criticism of the methods of preparing and serving food in the Iowa hospitals is equally applicable to many institutions in other



states. There is widespread need for improvement in many hospitals.

Raw  
stuffs

The food stuffs supplied can be expected to meet in quality and type the usual requirements of the citizens of Iowa.

Tray  
service

The service of food on trays to infirm patients in the wards requires immediate consideration. This falls entirely upon the ward personnel, and it has already been pointed out that these are all too few in numbers. It results that necessarily these patients must often be left to their own resources in waiting on themselves. On such ward there are other patients not so incapacitated who do not hesitate to filch food belonging to others. Increased nursing personnel will eliminate much of the need for criticism here and probably accomplish considerable saving in food now wasted.

Organi-  
zation

In each institution there is a graduate dietitian who has demonstrated her ability to vary dietaries so they do not become too monotonous. This is praiseworthy. In most of the kitchens women cooks are employed, and they are most adept in properly preparing and cooking the food. Too often though, good food may be rendered unattractive by the manner and setting in which it is served. Here it

Table  
service

seems customary to serve a helping of food on all the plates before the patients enter the diningroom. Second helpings are placed on the tables and served family style. Additional diningroom and attendant personnel would make such an unappetizing procedure unnecessary and eliminate waste.

Inspec-  
tion

Where there are a great many diningrooms supervision by the dietitian and observation of the service by others becomes difficult.

Chilled  
meals

The lack of facilities for keeping food hot in these various dining-rooms of course operates to make the food not so warm as it should be when served. It is necessary for the main kitchen to get food started



out to these various diningrooms some time in advance and perfectly insulated trucks are not provided. In one institution, basement space of a very unattractive type is being used as dining space for large groups of patients, but plans have been considered for remedying this condition. In another institution all meals are served in diningrooms off the wards in the main group of buildings. In detached buildings there are most often a kitchen and special diningroom for the patients living there. No doubt, when there are more physicians more will be expected of the dietetic departments; more special diets will be prescribed for patients requiring such consideration. Dietotherapy is at present a subject of the keenest medical interest.

#### VIII SPECIAL GROUPS OF PATIENTS

##### Newly admitted

Certain wards are designated for the reception of new patients but there is not provided in any of these four hospitals a suitable well equipped separate building at a distance from the rest of the institution. The new patient who has left her home reluctantly and perhaps very much against her will should have an opportunity to adjust herself to the new life that will be hers for some weeks or even months, with a minimum of disquieting influences. She should see much of physicians, nurses, and other skilled personnel. She should see as little of other patients as her physician may prescribe; indeed complete isolation is desirable for some patients for several days. It is particularly desirable that older patients who, because of their mental state, have to live long periods in the hospital, who perhaps are helpful to the hospital organization and therefore have considerable privileges in going about but who indulge in gossip about the institution, should not be



among the early contacts of the new patient. Such situations inevitably arise unless a suitably placed, planned and equipped reception building is provided.

The physically sick

The treatment of the physically ill devolves upon physicians and nurses and the standards required are pretty well known to the public which is familiar with the general medical and surgical hospitals. It has already been pointed out that the number of physicians is considerably below what it should be. The nursing personnel throughout the hospital is painfully inadequate. Consequently one must conclude that the essentials for the proper treatment of this group of patients are below par. Nevertheless the fact remains that treatment of patients for their mental disorders is neglected in favor of treatment of the physically ill. It must be said with regret that accommodations for the care of the physically ill are in some instances unsatisfactory. In general, overcrowding makes it necessary to group too many physically ill patients in one dormitory. Better accommodations should be provided and there should be more and better equipment for nurses' use.

Consultants

Other hospitals find that active consultation service from qualified physicians in the communities is very stimulating and helpful. These physicians also stimulate in the community an interest in the standards of medical care in the hospitals and contribute to popular understanding and support.

Diagnosis and treatment of tuberculosis

Fairly adequate accommodations for tuberculous patients have been provided at each hospital. In fact the building at the Independence State Hospital marked an advance over the usual accommodations found in mental hospitals. The incidence of tuberculosis in mental hospitals is variously estimated at from 3.6 to 8 per cent. The



early diagnosis in mental patients is often much more difficult than in the non-mental. Periodical physical examination of all patients should be made and x-ray equipment should be repeatedly used.

Marked advances have been made in the treatment of tuberculosis, and certain surgical procedures are known to be oftentimes beneficial. Apparently none of these advanced measures is being used in the mental hospitals. In collaboration with the Tuberculosis Division of the Department of Public Health, a helpful program might be developed. It cannot be undertaken too soon.

Treat-  
ment of  
alco-  
holism  
and drug  
addic-  
tion

Until 1920 Iowa maintained a separate institution at Knoxville for the treatment of inebriates. Since then these persons have been cared for in the four mental hospitals. Such patients usually create much friction, and cause no little concern to the administration. They most often resent being placed with patients suffering from mental disease, and take an attitude toward them that is at times very upsetting. One must come to realize, however, that there are varying degrees of mental instability associated with inebriety which places it clearly in the field of psychiatry. The entire problem is in an unsolved and unsatisfactory state.

If some one of the hospitals could develop within its medical staff an especial capacity for the treatment of these unfortunate but difficult persons, some progress might be made.

Res-  
traint  
and se-  
clusion

Restraint and seclusion are two measures that every institution should endeavor to abolish from its armamentarium. It is realized that occasionally the use of restraint for short periods seems unavoidable, but its use should be limited and so guarded that it can be applied only in the presence of the authorizing physician. Some mental patients will seclude themselves; this often occurs when there



is not enough occupational therapy to develop interest. But the deliberate seclusion of many patients most often indicates either an indifferent attitude on the part of physicians and ward personnel, or an insufficient number of one or both. It should be used only as a procedure of last resort. When these two measures are proscribed, accurate records should be kept and statistical data compiled as to the frequency and duration of their use. No such records are kept by Iowa hospitals. An approach to the immediate reduction of these undesirable procedures is more nursing personnel and increased use of hydrotherapy and occupational therapy.

#### IX COMMUNITY RELATIONS

##### Out- patient service

Each mental hospital in addition to its intramural problems should feel a responsibility for the mental health of the district that it serves. To this end out-patient clinics should be established at vantage points throughout the district. Supervision of released patients is more satisfactory if they can be seen in a clinic near their homes. Family care agencies, children's welfare societies, and other social groups need and call for psychiatric service when it is available. The possible prevention of mental disorders causes parents, teachers, clergymen and other public spirited citizens to desire convenient facilities for examination and advice, especially in the case of young people and children with emotional problems. Work of this kind, once undertaken, inevitably expands. The Iowa State Hospitals render no such service to their districts.

##### Social service

It has been clearly demonstrated in many states that mental hospitals can be conducted more efficiently if they are kept in close



touch with the communities and districts which they serve. Mental patients come from communities in which their illnesses had their beginnings and in most instances return to the communities when they are sufficiently improved. In this way institutional problems become community problems; and community problems quite often become institutional problems. Patients in mental hospitals require extensive study from the community or environmental standpoint. When sufficiently improved from treatment to be permitted to return to the community, careful study should be made of the environment into which they are to go, with full knowledge of their total personalities. Supervision and guidance should be maintained, so that the former patient shall be given every opportunity to make a satisfactory readjustment in the community. This can best be accomplished by active psychiatric social service.

In the four mental hospitals there are probably numbers of patients who have received the maximum of benefit from hospitalization, and if properly placed and supervised could make an entirely satisfactory adjustment in the community. In fact during this survey, interviews were held with several patients who, according to the superintendents, have been free from psychotic symptoms for some time, but relatives have lost interest and there are no facilities whereby patients can be placed out. None of the mental hospitals has a social service department. If these institutions are to function as hospitals they must be prepared properly to treat their patients and to return them to their communities when suitable. This economy should not be longer overlooked.

Lectures  
and con-  
ferences

As soon as adequate medical staffs are available there should be a community educational program including (a) lectures before parent-teacher associations; (b) study courses for women's clubs; (c) conferences



and lectures for boy and girl scout leaders, pastors, Y.M.C.A. workers, fraternal organizations and service clubs; (d) promotion of joint meetings of bar and medical associations for discussing mental hygiene topics; (e) lecture courses for nurses in all general hospitals and sanatoria; and (f) presentation of papers at local, county medical meetings.

Commitment The entire method of handling commitments in Iowa should be reviewed with a view to eliminating those stupid features that partake of the nature of a trial. The procedure now followed seems to place mental illness more in the category of a crime than disease. It should be made possible for persons in need of hospital care and treatment to receive speedy relief under the most favorable circumstances. Provision should be made whereby the four mental hospitals could be used for observation and voluntary admission as liberally as at the State Psychopathic Hospital.

## X BUILDINGS

Fire protection The recent fire at the Mt. Pleasant State Hospital, although fortunately there were no lives lost, should cause a very careful study to be made toward eliminating all possible fire hazards throughout all institutional buildings. A careful check should also be made of all fire protecting apparatus with the aim of improving that which is deficient, replacing that which is defective, and distinctly marking the location of each piece so it can be easily located in case of need. Fireproofing measures, where needed, should be worked into a program extending over a period of years. Non-burning staircases and other



means of exit from buildings should be provided. Study of this entire situation should be made by the engineering force of the Board of Control, and estimates should be on file covering each step to take.

Plumbing

Another distressing condition exists in each of the four mental hospitals, especially in the original and other older buildings. In these latter, regardless of whether a ward houses 35, 50 or 60 patients, the standard facilities are one or two toilets, three wash basins and one bathtub. It is not difficult to imagine the distress often resulting from such inadequate facilities. Neither is it difficult to realize the hardship resulting from the necessity of bathing such groups of patients in one tub in a limited time.

In later construction these situations have not been too well corrected, and it is seldom found that these facilities exist in accordance with modern standards. Steps should be taken to correct this situation.

Porches

Porches are lacking throughout the various institutions where they would definitely add to the comfort of the patients.

Over-crowding

From the tabulation previously presented, there is obviously a considerable deficit of accommodations. More than 1,500 beds are needed right now to relieve the overcrowded buildings. Any plan for new construction should further consider what the future may demand, and plan also for increasing service facilities.

An ordinary mental hospitalization rate, when a state has good hospitals conveniently located, is four to the thousand. According to this rate the Cherokee district serving a population of 571,000 should eventually have a bed capacity of 2,280; the Clarinda district, serving a population of 659,000, a capacity of 2,600; the Independence district



serving a population of 607,000, a capacity of 2,400; the Mt. Pleasant district serving a population of 632,000, a capacity of 2,500.

One need not feel alarm at the above figures for there is probably little increase in the incidence of mental disease in people up to the age of 40. In some states, however, there is a definite increase in the number of cases being sent to mental hospitals whose mental disorder is due to the changes associated with advanced age. Formerly many of these patients were cared for in almshouses and old people's homes but now that type of care is not acceptable to the general public because it lacks medical direction and trained nursing.

New construction

Since accommodations are needed for 1,500 patients, and since a hospital of 1,500 patients is admirable both for treatment measures and for administration, steps should be taken to plan and erect such a hospital, to be equipped and staffed in a manner creditable to this enterprising commonwealth.

Children

Any plan should also consider special provision for children in at least one of the hospitals. Mental hospitals are being looked to more and more to assist in the correction of behavior disorders and personality changes occurring in children, whether on a functional or organic basis.

Employees

The removal of nurses and attendants from rooms on the wards should be planned, and buildings for employees provided. This would make additional space available at the same time for patients.



## XI THE CRIMINAL INSANE

The only provision for the care and treatment of insane criminals is at the Men's Reformatory, Anamosa. There are almost 100 such cases --all men-- cared for on two floors of one of the cell blocks. The reformatory physician attends to physical disorders. There is no provision for psychiatric attention. Stated visits are made by three mental hospital superintendents to examine those whose terms are about to expire, or for whom release has been requested.

A supervisor and fourteen guards are assigned to this service, making a ratio of 1:9.5. This is much better than the personnel-patient ratio in the state hospitals. There is evidence of kindly and intelligent care. Sport is encouraged in the court yard but idleness prevails indoors.

A plan should of course be formulated whereby these patients would have psychiatric oversight and treatment but no steps should be taken that would cut down the ratio of employees to patients. It is feared that this step backward would be involved in the immediate transfer of this group to a state hospital. When those institutions are better staffed, a suitable branch hospital should be erected for this group.

## XII THE MENTAL HOSPITALS

### MT. PLEASANT STATE HOSPITAL

#### Description

This institution is said to be the first state hospital built west of the Mississippi River. It was opened for the reception of patients February 27, 1961. This hospital serves what is known as the southeast district, composed of 24 counties having a population of



632,865. The normal capacity of the hospital is placed at 1,320.

It is now caring for 1,495 patients or an excess of 175.

This institution is located on the outskirts of Mt. Pleasant, a town of about 3,500 people. It occupies about 1,500 acres of land, approximately 500 of which are under cultivation.

The original layout of the buildings was according to the Kirkbride plan. They were constructed of cut limestone with wooden beams, floors and finish. In August, 1936 the administration building was destroyed by fire, but luckily the series of ward buildings on either side were not ignited by the flames. The replacing of the destroyed section with a modern fireproof structure is under way, and a portion of the foundation concrete has been poured. The service section to the rear which was remodeled in 1928 is fireproof and stopped the spread of the fire in that direction.

In addition to the main group of buildings there are detached buildings, viz: (1) Men's Infirmary, (2) Women's Infirmary, (3) Tuberculosis Cottage (now used for administration), (4) Farmer's Lodge, and (5) The Oaks, a small farmhouse about four miles distant from the main hospital group.

Throughout the buildings, particularly the older buildings, the toilet, lavatory and bathing facilities are distressingly inadequate. There are usually one or two toilets, three lavatories, and one tub to a ward.

Handicaps

New patients are received into wards in the main building, thereby bringing them into close contact with older patients. Infirm and bedridden patients are more or less scattered throughout the wards, making distasteful scenes for the recently admitted.



Many employees are living in rooms on the wards without necessary toilet facilities.

The entire main building (old part) is a fire liability. The heating is said to be poor because of an inefficient plant and poor condition of steam lines.

The only buildings that have porches for patients' use are the Men's Infirmary and Farmer's Lodge. The porches at Farmer's Lodge are small.

There is inadequate medical and nursing personnel.

The entire medical and nursing personnel should be increased.

Urgent  
needs

A reception building for new patients is seriously needed at this institution.

A building for employees now living on the wards and in other undesirable places is needed; by moving employees from the wards space for more patients would become available.

A survey by Public Safety Department (building inspection) should be made relative to fire protection, exits, etc.

Bathing and lavatory facilities should be improved.

INDEPENDENCE STATE HOSPITAL

Descrip-  
tion

The institution is located one and one-half miles west of the town of Independence in Buchanan County. In the beginning the layout of the institution was on the Kirkbride Plan. It is surrounded by approximately 1,350 acres of farm land, a large portion of which is under cultivation. The lawns and grounds about the institution are well kept and there has been an effort to introduce trees not common to the region. The main building is constructed of limestone lined



with brick and with wooden beams, flooring, finishings, etc. It is three stories high and considered semi-fireproof. There are five detached buildings for the care of patients, viz: (1) Infirmary Building for male and female, (2) Tuberculosis Cottage for male and female, (3) Grove Hall for men, (4) Farmer's Lodge for men, (5) Sunny Villa for women. Other buildings include a bakery, storehouse, power plant, industrial shops and machine shops. The dairy and cow barns are very close to the kitchen and ward buildings. The buildings are all in a fairly good state of repair, and all woodwork has been painted within five years.

At this institution is a nurses' cottage which is said to house all unmarried female ward employees.

A building recently constructed of fire brick salvaged from an old smoke stack is attractive, and houses the pharmacy and laboratory. Throughout the institution the bathing, toilet, and lavatory facilities are inadequate. These range 2 toilets, 3 lavatories, and 1 tub to a ward, regardless of whether it accomodates 35 or 60 patients. The best provision of these facilities is in Farmer's Lodge, caring for 151 patients. It has 7 toilets, 14 lavatories, 3 showers and 1 tub. In Grove Hall caring for 169 patients there are 9 toilets, 12 lavatories and 3 tubs.

The institution owns a great deal of livestock for which there is no apparent need, and the possession of which has no demonstrated value in the care and treatment of the patients.

(1) All buildings are overcrowded to a total of 487 patients or approximately 38 per cent.

(2) Acutely ill and bedridden patients cared for in Grove

Handi-  
caps



Hall and Sunny Villa are in extremely crowded conditions.

(3) No central diningroom is provided, necessitating the maintenance of a great many diningrooms on the wards in the main building.

(4) Inadequate medical and nursing personnel prevails. The ratio of physicians to patients is 1 to 354. The ratio of nurses and attendants to patients is 1 to 17.

Urgent  
needs

Consideration should be given to relieving the condition of overcrowding. This can probably best be done by the erection of a hospital and infirmary building for both sexes, thereby relieving the congestion in Grove Hall and Sunny Villa. This building should accommodate at least 200 patients, 100 of each sex. Following this these two buildings should be remodeled to permit a better classification of patients left.

Another ward building is needed to relieve the crowding in other portions of the institution.

Central diningroom facilities should be provided to accommodate ambulatory patients in the main building, and also the patients of Farmer's Lodge.

Study should be made as to how best to improve the toilet, lavatory and bathing facilities, especially in the main building.

An employees' home to house all male employees of the institution should be constructed.

CLARINDA STATE HOSPITAL

Descrip-  
tion

This institution is the third of the four state hospitals. It was opened for the reception of patients on December 13, 1888, and serves 26 counties in what is known as the southeast district, with a



population of 659,342. The hospital is located about one mile from the town of Clarinda in rural surroundings on a tract of approximately 1,056 acres, 881 of which are under cultivation and devoted to the growing of corn, wheat, oats, alfalfa hay, soy beans, garden truck, potatoes and vines.

The hospital has a stated capacity of 1,250. It receives mental patients, alcoholics, and drug addicts from its district. At present it is caring for 1,657 patients, an excess of 407, indicative of 32 per cent overcrowding.

The original buildings are laid out according to the Kirkbride Plan. They are three stories high and house the greater portion of the hospital population. There are, however, several detached buildings caring for patients, viz: (1) Hope Hall for men and women, (2) Northview Cottage for women, (3) Tuberculosis Cottage for men and women, (4) Southview Cottage for men, (5) Sunset Cottage for men, and (6) Willowdale Cottage for men.

Handicaps

Inadequate medical and nursing personnel.

New patients are received in several different wards on both male and female services.

The large diningroom space in the main group is very undesirable.

Sewage is disposed untreated into Nodaway River.

Ward buildings are crowded, necessitating the use of space not so intended, for beds.

Urgent  
needs

A reception building with treatment facilities for new patients to accomodate fifty of each sex.

Ward buildings to further relieve overcrowding.

Improvement of diningroom service by remodeling the rear central



section and establishing a cafeteria.

A building for male and female employees would make available for patients considerable ward space.

Relocation of laboratory facilities so as to be more accessible.

Improvement of bathing and lavatory facilities.

#### CHEROKEE STATE HOSPITAL

Description

This institution located in the small town of Cherokee is the newest of the mental hospitals, having been opened for the reception of patients August 28, 1902. It serves what is known as the northwestern district composed of 27 counties with a population of 571,017. The normal patient capacity is stated as 1,120. It is now carrying a population of 1,672, an excess of 552. This represents an overcrowding of 49 per cent.

The original layout of this institution as portrayed in the main building is according to the Kirkbride Plan. This building is constructed of brick, stone, hollow tile and steel beams. It is fireproof as are all the other patients' buildings. There are five detached buildings for the care of patients, viz: (1) Wade cottage for women, (2) Donahoe Cottage for men, (3) Fairview Cottage for men, (4) Kinne Cottage for tuberculosis cases of both sexes, (5) Infirmary Building for men and women. Other buildings include a laundry building; a laboratory building; an industrial building housing the carpenter shops, paint shops, etc.; and a power plant. The farm group including the dairy is located some distance from the main group.

The institution owns approximately 1,000 acres, of which about 600 acres are under cultivation. The lawns and grounds are well kept,



and the buildings are in fair state of repair, except Fairview Cottage.

Handi-  
caps

Inadequate medical and nursing personnel.

New patients must be received into wards in the main building, bringing them into contact with older patients.

All wards are badly crowded, necessitating placing beds in corridor space.

Sewage is discharged without treatment into Little Sioux River; but plans are being made for a sewage disposal plant.

Employees reside in ward buildings. Their removal would release space for patients.

Urgent  
needs

A reception building with capacity of fifty patients of each sex with treatment facilities.

A ward building similar to Wade and Donahoe Cottages, to further relieve overcrowding.

Buildings for male and female employees.

Improvement of bathing and laboratory facilities, especially in main building.

XIII COMPARISON WITH STANDARDS OF  
THE AMERICAN PSYCHIATRIC ASSOCIATION

The chief executive officers of these institutions are well-qualified physicians and experienced psychiatrists, whose appointment and removal are not controlled by partisan politics. All other persons employed by the institution are subordinate to him, and subject to removal if they fail to discharge their duties properly.

The medical staffs are not adequate, the ratio to total patients being far less than 1:150. There are no staffs of consulting specialists. The medical work is organized but has not the activity that could be



brought about by a clinical director.

Medical services are fairly provided with offices and examining rooms. Clerical help is perhaps adequate, though clinical records are inferior. Statistical data are recorded in accordance with the system adopted by the Association.

Patients are fairly well classified, but crowding interferes somewhat with this procedure. Reception units are not separated, as is desirable, from the rest of the hospital. Treatment departments can be improved. Tuberculosis service should be better organized and equipped. Clinical and pathological laboratories are not manned as is desirable. Some institutions have good x-ray equipment. Medical libraries are generally deficient.

Operating rooms and dental offices are provided. Hydrotherapy is somewhat neglected. Occupation therapy and physical education need further development. Recreation is fairly well provided.

Staff conferences are held regularly and minutes are kept at three of the four hospitals. No out-patient clinics are conducted, and there are no social workers. Systematic instruction and training are not provided for them. Mechanical restraint and seclusion are controlled by physicians, but no statistics of its use are compiled. The nursing personnel is far below the ratio of 1:8 patients.



#### XIV COUNTY CARE OF THE MENTALLY SICK

##### Extent

Fifty-seven counties care for at least a part of their mentally sick in the county homes. One county has a separate institution for this purpose. The number of patients under county care ranges from one to 210 (figures of July 1, 1937) and the total number under county care on that date was over 1,500. The "insane wards" are separate from the "pauper wards" but all patients may come together in sittingrooms, in diningrooms and on the grounds.

##### System of selec- tion

The theory of this arrangement is that new patients will be sent to the state hospital where they may receive a careful examination and the organization of a proper program of treatment. There seems to be no theory as to how long the patients shall remain in the state hospital. When vacancies occur in a county home, the steward and a representative of the county board of supervisors go or write to the state hospital and discuss with the superintendent the possibility of getting more patients. These must of course be selected with some care. They must be sufficiently pliant to accept direction under a rather simple type of life and must not be great nursing problems.

Most of them have been a considerable time in the state hospital but occasionally a patient who has been there only a few weeks is designated for transfer. Chronic psychoses appear to predominate; some cases of obvious mental defect are seen. If not manageable at the county home a patient is sent back to the state hospital.

An inspection service is maintained by the Board of Control.

##### State inspec- tion

This board is in position to exercise considerable pressure and it appears that during the last few years they have supported a vigorous inspector in requiring improvement of standards of care in many of the counties. Unless



in case of the grossest mismanagement the state would not feel justified in taking away all the patients from a county home; the state's facilities are already inadequate. It is not permitted for one county to care for the sick of another county.

Medical  
atten-  
tion

The medical care afforded is much like that in any farmer's home. To be sure, the county physician is expected to call every week at his institution but in practice most county physicians look at only those patients who are called to their attention by the steward or his representative. Surgical conditions are usually relieved at the nearest general hospital. The better institutions have nurses or various degrees of training. Work is available for all patients who are interested and more or less recreation. In the institutions seen a kindly atmosphere was general. Some of them offer the equivalent of household care or something even better, but psychiatric understanding and treatment are lacking.

Direct  
commit-  
ments

In the county institutions are a considerable number of patients who have been committed directly to them without going first to a state hospital. These patients are not sure of getting even a thorough physical examination.

XV THE INSTITUTIONS FOR MENTAL DEFECTIVES

General  
state-  
ment

Although the state has made considerable provision for mental defectives, practice seems to be poorly organized. From the various counties individuals who are a source of considerable social difficulty are committed. Many of these commitments are made without the preliminary study necessary to ascertain in just which institution they belong. As a result, it is reported that oftentimes commitments to the institutions for mental defect are made in the case of children who are later found



to be normal in mental development. On the other hand it is reported that oftentimes children are committed to the Training School for Girls at Mitchellville and the Training School for Boys at Eldora who are so mentally deficient that they are unable to take active part in the Training School activities. Evidently the counties have not set up the necessary facilities for pre-commitment examination of these individuals, so that proper disposition can be made. It is further reported that not infrequently patients are received at the Training Schools and also at the two Schools for the Feebleminded who show definite evidence of a mental illness necessitating their study at the State Psychopathic Hospital.

No  
clinics

A properly functioning system of out-patient clinics operated from the four mental hospitals and the two schools for the feebleminded should be able to correct these primary errors. This is one of the outstanding needs of the state.

Poor in-  
stitu-  
tional  
classi-  
fication

The training schools at Eldora and Mitchellville have not been designed or equipped to provide care and training for mental defectives, yet a sizeable portion of the patients committed there are mentally defective. Neither do these patients properly fit into the plans and designs of the established schools for the feebleminded. In a great many instances these patients do not fit into the scheme of any of these four institutions. Hence the problems relating to the proper management of the delinquent defective are in need of study and planning, tending toward the establishment of a separate facility for them. In fact a thorough study and planned program seems to be warranted for all those institutions under the Board of Control caring for juveniles who are mentally defective.

Community  
relations

It should not be thought for a moment that state institutional care and training ought to be provided for all the mentally defective of the state. The home and school can do this well in most cases. A statewide



program should be developed, however, whereby the mental hospitals and the schools for the feeble-minded could be of assistance in all those community problems. In one important state the entire program in this field was determined by the influence of a broad-visioned hospital administrator. There is an ever continuing need to know who and where the feeble-minded are, in order that those who are uncared for may be given the protection of the public interest.

The two institutions established and maintained by the state for the care and training of the feeble-minded are: (1) the School for Feeble-minded Children at Glenwood and (2) the Hospital for Epileptics and School for Feeble-minded, at Woodward.

#### IOWA INSTITUTION FOR FEEBLEMINDED CHILDREN

##### History

This is the first state provision west of the Mississippi River for the care and training of mental defectives. The institution was originally a home for the orphans of Civil War veterans, but in 1876 was converted by the state to its present use. The original buildings were soon unable to meet the demands for such care and many buildings have since been added. The capacity of 1,650 is now taxed to hold 1,860, or an excess of 210 patients.

##### Description

The institution is located on an elevated site overlooking the town of Glenwood. It serves the southern half of the state or the four southern tiers and the western tier of counties. There are about 1,155 acres of hilly land, 771 of which are under cultivation. Because of the contour there is considerable soil erosion which requires constant attention.

The buildings vary greatly in appearance and age, and with a



few exceptions are in fair condition. With the exception of a portion of the administration building, the Girls' Custodial Building, and Farm Cottage, the buildings are all fireproof or semi-fireproof.

Decrepit  
structure

The Girls' Custodial Building requires special mention. This building houses more than 400 children, the great majority of whom are of low grade, and for the most part entirely helpless. The west wall of the building is bulging to the extent that the upper floors are pulled apart in some places more than an inch. The plumbing throughout the building is in poor condition. The means of exit are poor. No doubt, if fire were to start in this building a goodly portion of the population would be destroyed. In addition to the possibility of fire the building is a distinct hazard because of its physical condition and should be replaced. The Farm Cottage, an old stucco building is in very poor state of repair, and inadequate in its service facilities. It should probably be replaced.

School

Facilities are in the main administration building and consist of the usual assortment of classrooms and equipment. The principal of the school department has been employed here some years, and is said to be entirely familiar with the problems connected with the training of retarded children. There are 12 classrooms and about 600 of the children go to school. The work is mostly didactic with some vocational training. This latter phase of training could well be enlarged.

Defective  
curriculum

There are no speech training classes, neither is there any organized effort to train any of the very low-grade children. The methods of special sense training could well be used, provided sufficient personnel were supplied.

Music, both vocal and instrumental is given much attention.



Psy-  
chology

The psychologist of the Board of Control or an assistant calls at the school periodically and does psychometric examinations of all new admissions, and retests all cases on request. The full-time services of a psychometrist should be provided.

Diver-  
sion

Adequate diversion and recreational activities are said to be supplied during the school term. These consist of games, musical concerts, picnics, and excursions. Moving pictures are shown every two weeks. Arrangements should be made for supervised and directed play during the summer months when school is not in session. Few of these children can go home in summer.

Medical  
care

There are only three physicians on the staff. A daily sick call, comparable to the army or navy procedure, permits a physician to see all indisposed children. Anything more than a minor illness is sent to the hospital for further care.

The hospital has accommodations for 30 boys and 30 girls, and with the Tuberculosis Cottage is in charge of the third physician who is also a surgeon.

Labora-  
tories

The only laboratory facility besides x-ray is a small set-up in the hospital building used by the physician in charge. Very few autopsies are performed.

Dentistry

A full-time dentist has established a satisfactory routine, whereby adequate dental care is given.

Research

In the past considerable has been contributed to this special field from this institution.

Employees

These are in most instances persons who have been trained at the institution. Their attitude toward the patients is sympathetic and understanding. The salary range is similar to that noted in the mental



hospitals as are the hours of employment.

Quarters

Since the founding of the institution no special thought has been given to the housing of employees. For the most part they must live in the ward buildings in quarters that are inadequate and unsatisfactory. None of the night employees lives at the institution because of inadequate facilities.

Ratios: As in the mental hospitals the number of nurses and attendants is too few.

The ratio is 1 to 18 patients.

Urgent  
needs

That the activities of the school department be extended to the very low-grade children and that vocational training be broadened so as to include some of the lower grades.

That the medical staff be increased by at least two physicians. That a full-time psychometrist and at least one social worker be added.

That a suitable provision be made for housing employees and physicians, apart from the patients' quarters.

That immediate steps be taken to correct the hazard existing in the Girls' Custodial Building.

That the Farm Cottage be replaced with a building sufficiently large to relieve the over-crowding in other parts of the institution.

THE HOSPITAL FOR EPILEPTICS AND SCHOOL FOR FEEBLEMINDED

Descrip-  
tion

This is the newest of the mental disease group of institutions. It was opened in 1917 as a hospital for epileptics and later added the function of training the feeble-minded. The northern half of the state is served by this hospital for feeble-minded patients, but it accepts epileptics from the entire state. The institution is located in one



of the most fertile farming section, and owns about 1,176 acres of land, of which 855 are under cultivation.

Because of the relatively recent development, the buildings of this institution are in good condition and well kept.

The  
School

The facilities for this activity are in a separate and specially constructed building, so located in the plan as to be readily accessible from all patients' buildings. In this building is also an auditorium with a seating capacity of 800.

Methods

The work is limited mostly to didactic classes with some added occupational therapy in which some of the arts and crafts are used. It is recommended that speech training classes be organized, and Sequin's methods utilized; also that vocational training be extended. A separate industrial building for vocational training should be provided.

Medical  
care

The staff is limited to three physicians, and only two are employed. The physical facilities for medical care are excellent and the organization is good. It is recommended that at least two physicians be added in order that special studies may be carried out.

Epilepsy

To those dealing exclusively with this condition, the term epilepsy indicates a syndrome characterized by convulsive disorders and various personality changes. In fact, because of the variety of causes one speaks most often of "the epilepsies". Convulsive seizures may be seen in a great many conditions, but when the convulsion becomes the predominant symptom, it is frequently termed epilepsy. These individuals if not showing a marked mental derangement are cared for in the Hospital for Epileptics at Woodward. About one-third of the population of this institution are epileptics. Many are young individuals, and there are adult patients also. Although they are given



excellent care and medication to reduce the number of seizures, no distinct study is made of these persons, to determine the probable cause. In fact the limited medical staff of three physicians, when all positions are filled, would not permit of any extensive studies along this line.

Urgent  
needs

Sufficient accommodations for all the patients should be provided.

The medical staff should be made adequate to its responsibilities and a more vigorous activity carried on.

Better schooling with vocational training should be arranged.

Laundry and sewage disposal plant should be revamped.

XVI THE IOWA STATE PSYCHOPATHIC HOSPITAL

History

This hospital was established in 1919 to supplement the work of the four state hospitals and the two schools for the feebleminded and epileptics. It is a part of the university medical school. The express purposes for which it was created are as follows:

1. To make intensive effort by the best known methods to cure mental disease.
2. To teach established methods of diagnosis and treatment of mental diseases to medical students, and abnormal psychology to university students.
3. To conduct research into the nature and causes of mental diseases
4. That the citizens of Iowa may be advised as to methods of preventing mental breakdowns.

Organi-  
zation

The hospital is located at Iowa City on the grounds of the State University and in close proximity of the other facilities of the State



University Medical School. The accommodations were limited to sixty patients, and this number has recently been reduced because of decreased appropriation.

There is an active out-patient department which permits the staff members to broaden the scope of their service, and also permits follow-up service on a majority of their discharged cases. This unit also serves as a point of admission to the hospital's wards.

The statutes permit this institution to receive patients on voluntary application and creates of certain members of the staff, a board of insanity for commitment purposes when and if necessary.

Descrip-  
tion

This institution forms a part of the university group of hospitals. The location has proven especially advantageous because of the opportunities offered for consultation with staff physicians in other departments. Reciprocally it has resulted in the psychiatrists from this hospital being called to investigate and examine patients confined in the general hospital.

The building itself is so located that there is sufficient lawn for patients.

There is a wing for patients of each sex. These two sections are separated by a central portion used for administrative purposes. Each ward section is divided into three wards, (1) receiving ward, (2) ward for disturbed patients, and (3) convalescent ward. These wards are equipped to accommodate 12, 8, and 10 patients respectively. Although bacteriological, serological, and x-ray examinations are done by the University Hospital Laboratories, a special clinical laboratory is maintained in this hospital also, because of the research problems continually under investigation. This laboratory is in charge of two



experienced technicians.

#### Personnel

In addition to the director and assistant director who are professor and associate professor of psychiatry in the University Medical School, there is a staff of seven physicians.

The social aspects of the hospital work are covered by a corps of three social workers. A full-time psychometrist attached to the out-patient department is available to the hospital at all times.

A well trained occupational therapist supervises appropriate activities, and during 1934 a storey was added over the central building to provide space for the various occupational therapy activities.

The wards are at practically all times in charge of graduate nurses who have been picked for their interest, inclination and sympathy towards this type of work.

The entire staff and nursing personnel work harmoniously and the atmosphere throughout the hospital is one to inspire confidence.

#### Admissions

The hospital receives patients from the entire state, and is frequently asked to observe cases by the courts, various social agencies and private physicians. All patients are seen first in the out-patient clinic where the psychiatric social workers interview the patients and members of their families, making detailed record of all information for the use of the examining physicians. The psychometrist reports on her conclusions as to the intelligence of the patient, and physicians make a complete physical and neurological examination. Following this a complete mental examination begins and every possible factor which has brought about the mental condition is inquired into. Finally all information being complete, patients are presented at a staff meeting for discussion, diagnosis and outline of treatment.



Treatment

No measures are overlooked to correct physical defects, eradicate foci of infection, or restore normal function in diseased organs anywhere in the body, in fact, these measures are considered to be of prime importance toward contributing to the recovery of patients.

Hydrotherapy is used where indicated. Restraint and narcotics are almost never used. A program of occupational therapy is outlined for each patient. Physical exercise is supervised by a member of the university department of physical education.

The physicians of the staff have all had training in psychopathology and the use of the various forms of psychotherapy.

Teaching is also an activity of major interest. In the medical school this involves didactic lectures and clinical demonstrations of types of abnormal behavior, and of the frank psychoses and psychoneuroses. Students in the school of nursing also receive training and practical experience in the hospital.

Another important service is that rendered by the psychiatrists to students in the University who have sought guidance in regard to conflicts and minor disorders which have developed in their college life. Such work is especially gratifying because of the implied removal of any stigma which might attach to a mental hospital. At least it is not a factor in the college student's mind when he comes for help.

Research: There are wide and varying problems under investigation at all times. Some of those mentioned and shown by the assistant director at the time of visit were:

1. Spinal fluid permeability
2. Insulin shock
3. Effects of acetylcholine
4. Psychopathological effects of certain drugs



5. Experiments on frustration in maniacs and psychoneurotics

6. Experiments on deterioration

7. Experiments on language difficulties

Relations  
with the  
state hos-  
pitals and  
schools

Although the relationship is cordial, there is very little actual association between this hospital and the four state hospitals.

There are very few physicians in the state hospitals who have been at any time associated with the State Psychopathic Hospital.

It is illogical that the state of Iowa provides for its citizens two brands of treatment for mental disease. One is furnished by the university. Its medical staff are adequately paid and are encouraged with equipment and personnel to do the best work possible with their patients. Nurses are trained and experienced. Special therapies are carried on by expert personnel.

The other brand of psychiatry is furnished by the Board of Control. Physicians are underpaid. Registered nurses are few. Special therapies are meagerly provided.

After the state has trained a young physician in psychiatry at the university hospital, it offers so small a salary in the older institutions that he is not attracted to the state hospital service, but goes elsewhere. The assistant physicians in the state hospitals who should have opportunity to take refresher courses at the Psychopathic Hospital are so badly needed for routine work at home that they cannot be spared. Other states not infrequently profit by this situation. Massachusetts in particular has made heavy drafts on the medical service of Iowa. When Iowa in turn sought a Massachusetts-trained physician to take an important post, it was necessary to formulate a new salary schedule.



## XVII SUMMARY OF RECOMMENDATIONS

In setting forth the many varied needs of the mentally sick of Iowa and the betterments of personnel and plant that should be provided for their treatment, it is not to be overlooked that this commonwealth has done many fine things in this field during its decades of service to the sick and the defective. The ideals that were so well stated by the commissioners who erected the first hospital (quoted in the early part of this report) may rightly inspire their descendants who today are determined to place these institutions on the highest possible plane of usefulness. The following recommendations have therefore been assembled in several groups.

### Personnel

1. That a standard salary schedule with definite range be adopted providing for regular step-rate pay increases uniform throughout these institutions. Also a state system for advancement according to a plan for determining qualifications.
2. That the personnel needs of each institution be studied and that the quotas formerly established in the various grades be suitably revised.
3. That sufficient funds be provided so that positions established may be promptly filled.
4. That plans be formulated for eventually reducing the hours of work in the nursing service.
5. That the total nursing personnel be expanded until there is a ratio of 1:8 patients.
6. That whatever arrangements are necessary be made to employ more graduate nurses.
7. That a program be developed whereby student nurses from general



hospital training schools may receive affiliate training in psychiatric nursing. Also that postgraduate courses of one year or more be provided for the training of nurses for psychiatric practice--both men and women.

8. That a program be instituted for instructing and training all new attendants.

#### Medical Services

9. That the medical staffs of the four mental hospitals be increased by one physician each during each of the next five years.

10. That the medical staffs of the two institutions for defectives be enlarged.

11. That a service of visiting and consulting specialists be developed in each of these institutions.

12. That the pathological service be improved in every institution.

13. That certain hospital physicians be designated to conduct community clinics at suitable points in their district.

14. That arrangements be made whereby the other staffs shall join with the physicians of the Psychopathic Hospital in interhospital conferences; and whereby assistant physicians in the other hospitals shall from time to time take special courses at the Psychopathic Hospital.

15. That the standards of clinical records be improved. (They can probably be improved some now.)

#### Community Relations

16. That with the improvement of the treatment program in the hospitals, the necessary steps be taken for hospital physicians to present the results of their work to medical societies in all parts of their districts and to assume leadership in a variety of mental hygiene activities.

17. That a social service be developed to acquaint the hospital physicians with home and community conditions from which patients have come and



to which they will return, and to supervise paroled patients and to assist in community clinics.

18. That there be developed a program for the registration, training and protection of those mental defectives who cannot be expected to survive competitive life with safety.

19. That the commitment laws of the state be revised so that they shall be at least the equal of the most enlightened statutes in the country.

#### Auxiliary Services

20. That psychological service be organized in the mental hospitals, and a resident psychometrist be added to the staff of each state school.

21. That more attention be given to special diets.

22. That the service of food to patients, both at table and in bed, be restudied and improved.

#### Therapy

23. That the use of hydrotherapy become more extensive and the use of sedative drugs be limited.

24. That occupational therapy be more actively used for the treatment of the newly admitted patient, and that its scope be broadened.

25. That the physical activities of certain groups of patients be more carefully supervised and directed.

26. That special consideration be given to reducing the use of seclusion and mechanical restraint, and that accurate statistical data be compiled as to their use.

27. That more attention be given to patients' libraries, and that more expert supervision be provided for them.



28. That more individual psychotherapy be made available for the patients.

29. That the number of cases in which fever therapy is employed be increased and that other types of beneficial therapy be available.

30. That for the treatment of tuberculosis all measures that are found useful in tuberculosis sanatoria be provided.

31. That there be a special study of better treatment of alcoholic and drug addicts.

32. That the activities of the school department at both institutions for the feeble-minded be extended to very low-grade children, and that vocational training be broadened to include some of the lower grades.

#### Administrative Organization

The time has come when the entire administrative organization of these institutions should be reviewed. In early days it was not practical to provide professional supervision; the expense of setting up a department headed by a psychiatrist would not have been warranted, and no other department in the state could provide expert supervision. When power was taken from local boards, all institutions were lumped together in a huge department under the Board of Control. The usual arguments for such an arrangement were that less money would be expended, and that farms would be made more productive. The public now demands that the treatment of the mentally ill shall be as good as that of any other sick group and experience shows that the final result is a true economy and that the public is appreciative and willing to support it.

One plan suggested has been that the Board of Control engage an expert in the field of psychiatry and hospital management to advise them regarding these institutions. Such a plan, if carried out, should result



in material good. A competent advisor, however, will hardly be content with a situation in which there is no authority and support back of him to require the acceptance of recommendations and plans for improvements.

Another suggestion has been that the mental hospitals be placed in the Education Department. A stimulus to this plan seems to be the excellent standards of the Psychopathic Hospital. In general, however, the operating of hospitals and of universities present diverse problems.

Another possibility is that these institutions shall be placed in the Department of Health, and that the Commissioner of Health shall have broad powers to supervise and direct them. Such an arrangement would be on the model of the Province of Ontario, Canada, and of the United States Public Health Service which operates various hospitals in addition to its other activities. This plan should receive very serious attention. It is no depreciation of the work of the Board of Control to point out that its supervision has always been a layman's supervision. Meanwhile the growth of state departments of health during the last three decades has brought many of them to a position of breadth and efficiency where they can, with a little added machinery, operate a few mental hospitals easily and well. It is therefore recommended:

33. That these six institutions be transferred to the jurisdiction of the State Department of Health.

34. That under this arrangement, the local health officer be made responsible for the care of the mentally sick pending removal to a mental hospital.

35. That a Board of Visitors consisting of outstanding citizens who will serve without pay be created for each institution.

36. That present inspection of the county wards for the mentally ill



be supplemented by psychiatric supervision from the central administrative office and that the same service be extended to licensed private institutions.

#### Building Program

37. That to provide the 1,500 beds needed at once to relieve overcrowding, a new hospital be established, designed to embody those features that experience has shown most desirable, and well constructed along the economical lines that modern engineering makes possible.

38. That in this new hospital a unit for one hundred mentally sick children be provided.

39. That at Mt. Pleasant, a reception unit be provided with excellent treatment facilities for about 80 patients.

40. That at Mt. Pleasant, the present storeroom space be remodeled and utilized as housing facilities for personnel.

41. That at Mt. Pleasant, a nurses' and an attendants' home be constructed.

42. That at Independence, a hospital and infirmary building be provided to accommodate 200 patients.

43. That at Independence, a modern diningroom be connected with the present central kitchen.

44. That at Independence, a male employees' home be added.

45. That at Cherokee, a modern reception building be constructed with treatment facilities for about 80 patients.

46. That at Cherokee, buildings for male and female employees be provided.

47. That at Clarinda, a reception building with treatment facilities for about 80 patients be provided.

48. That at Clarinda, the present kitchen section be converted into a modern kitchen and diningroom service.



49. That at Clarinda, male and female employees' homes be constructed.
50. That at Glenwood, the decrepit Girls' Custodial Building be replaced.
51. That at Glenwood, suitable buildings be added to accommodate 300 children.
52. That at Glenwood, the Farm Cottage be replaced.
53. That at Woodward, accommodations be provided so that a better classification will be available. Preferably, epileptic patients should be removed to their own institution.
54. That at Woodward, better laundry and sewage disposal facilities be made available.
55. That a program be developed to provide over a period of 5 years  
(a) fire-resistant structures for the housing of all patients; (b) decent and adequate plumbing for all patients; (c) porches for the use of patients in inclement weather.

The Committee wishes to express its appreciation to all those responsible for the many courtesies shown its representative, and particularly to the Board of Control, superintendents, and staff members of the various institutions who cooperated in the survey so freely at all times.



# STATISTICAL SUPPLEMENT

## I PATIENTS IN MENTAL INSTITUTIONS OF IOWA

### 1. Patients with Mental Disease

Distribution of patients by hospitals There are about 9,700 patients in the institutions for mental disease in Iowa, of whom about 9,200 are residents of Iowa and about 500 are from other states. These patients are distributed in four types of hospitals: state hospitals, county hospitals, a Veterans' Administration Facility and private hospitals. The number of hospitals of each type is shown in Table I.

Table I

#### Institutions for Patients with Mental Disease in Iowa by Type of Control\*

|                                   | <u>Institutions</u> | <u>Patients</u> |
|-----------------------------------|---------------------|-----------------|
| State                             | 5**                 | 6,693           |
| County                            | 57                  | 1,618           |
| Veterans' Administration Facility | 1                   | 858#            |
| Private                           | 6                   | 559##           |
| Total                             | 69                  | 9,728           |

\* For names of institutions see Addenda, Page 101-102.

\*\* Including four state hospitals and the department for criminal insane at Men's Reformatory, Anamosa.

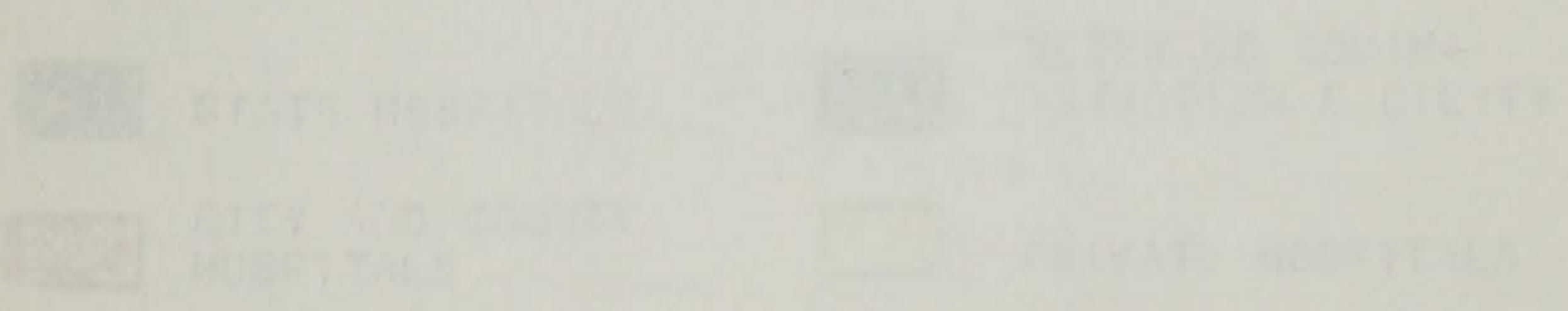
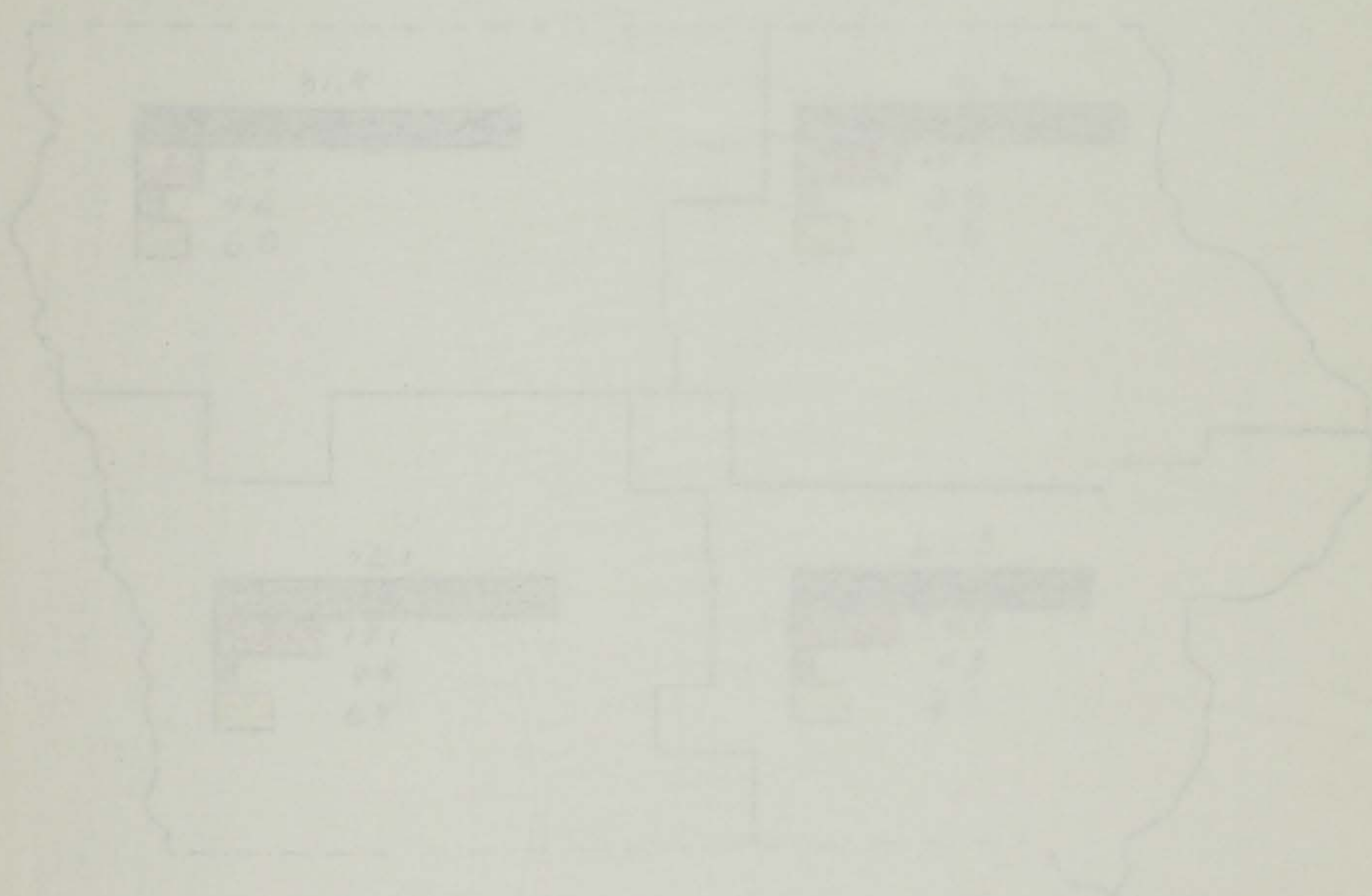
# Includes about 500 who are not residents of Iowa

## Includes an undetermined number of patients who are not residents of Iowa



The vast majority of these patients are in the state hospitals for mental disease. The four state hospitals have 6,600 patients, constituting 72 per cent of the total patient population of the state. The county hospitals come next, with 1,618 patients or 17.5 per cent of the total and the private hospitals follow with 6.0 per cent of the patient population; the smallest proportion of the patients are found in the Veterans' Administration Facility with 4.2 per cent of the total.

Iowa is divided into four hospital districts as shown in Table II and Graph I.





GRAPH I.

PERCENTAGE DISTRIBUTION OF PATIENTS  
BY TYPE OF HOSPITAL  
IN IOWA BY HOSPITAL DISTRICTS

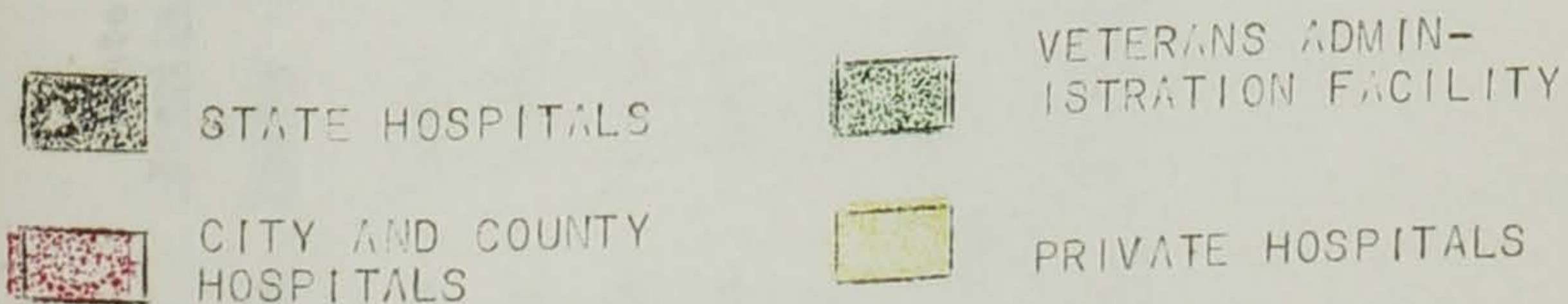
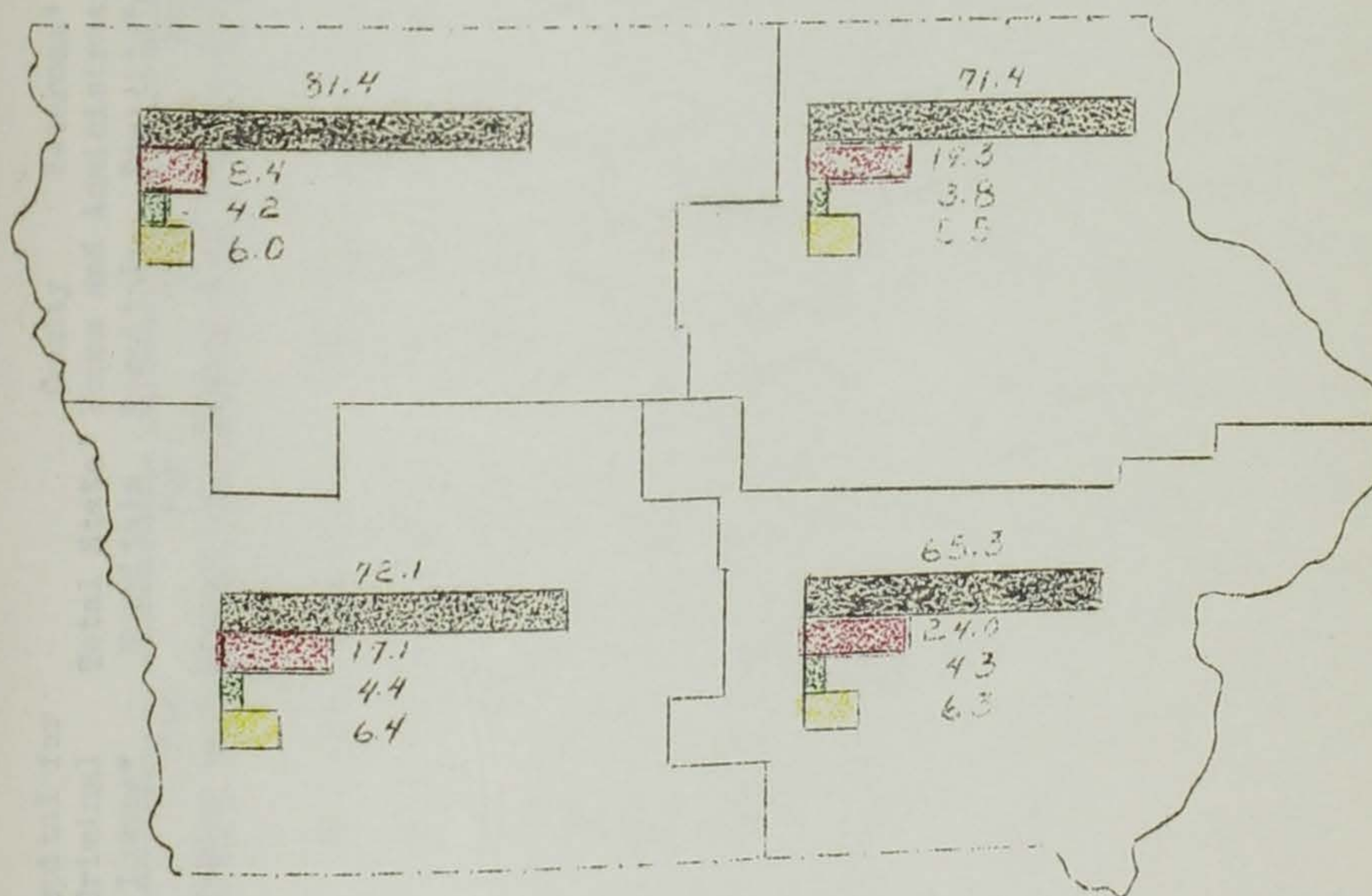




Table II

Patients in Hospitals for Mental Disease in the  
Four Districts of Iowa, by Type of Control, 1937

| Districts | State Hospitals |          | Hospital for Criminal Insane* |          | Total State Hospitals |          | County Homes and Hospitals |          | Veterans' Administration Facility*# |          | Private Hospitals* |          | Total  |          |
|-----------|-----------------|----------|-------------------------------|----------|-----------------------|----------|----------------------------|----------|-------------------------------------|----------|--------------------|----------|--------|----------|
|           | Number          | Per cent | Number                        | Per cent | Number                | Per cent | Number                     | Per cent | Number                              | Per cent | Number             | Per cent | Number | Per cent |
|           |                 |          |                               |          |                       |          |                            |          |                                     |          |                    |          |        |          |
| Northeast | 1,771           | 70.5     | 23                            | 0.9      | 1,794                 | 71.4     | 484                        | 19.3     | 96                                  | 3.8      | 138                | 5.5      | 2,512  | 100.     |
| Northwest | 1,676           | 80.4     | 21                            | 1.0      | 1,697                 | 81.4     | 176                        | 8.4      | 87                                  | 4.2      | 125                | 6.0      | 2,085  | 100.     |
| Southeast | 1,495           | 64.3     | 24                            | 1.0      | 1,519                 | 65.3     | 558                        | 24.0     | 101                                 | 4.3      | 147                | 6.3      | 2,325  | 100.     |
| Southwest | 1,658           | 71.0     | 25                            | 1.1      | 1,683                 | 72.1     | 400                        | 17.1     | 103                                 | 4.4      | 149                | 6.4      | 2,335  | 100.     |
| Total     | 6,600           | 71.3     | 93                            | 1.0      | 6,693                 | 72.3     | 1,618                      | 17.5     | 387                                 | 4.2      | 559                | 6.0      | 9,257  | 100.     |

\* The patients in these hospitals were distributed in proportion to the total population as shown in the Appendix on file at the Mental Hospital Survey Committee

# Only the patients who are residents of Iowa are included in this estimate. It is based on the proportion of all mental patients in Veterans' Administration Facilities in the United States who were residents of Iowa at the end of 1935.



Each district comprises about one fourth of the total population of Iowa. There is considerable difference between the districts with regard to the proportion of patients in the various types of hospitals; the southeastern district shows the highest proportion of county patients while the northwestern district shows the lowest proportion of such patients. In computing the distribution of patients for districts in the Veterans' Administration Facility and in the private hospitals, it was assumed the patients were distributed in proportion to the population of the four districts, since no data by districts for these hospitals were available.

The hospitalization rate in Iowa per 100,000 of the total population aged 15 and over is 505.8. There is considerable variation in the hospitalization rates in the individual districts as shown in Table III.

Table III

Hospitalization Rates\* for Patients with Mental Disease in Iowa by Districts and Type of Hospital, 1937

|           | State<br>Hospitals** | County<br>Hospitals | Veterans'<br>Adminis-<br>tration<br>Facility# | Private<br>Hospitals | Total |
|-----------|----------------------|---------------------|---|----------------------|-------|
| Northeast | 396.6                | 107.0               | 21.2  | 30.5                 | 555.3 |
| Northwest | 504.5                | 43.0                | 21.2  | 30.5                 | 509.3 |
| Southeast | 317.2                | 116.5               | 21.1  | 30.7                 | 485.6 |
| Southwest | 343.9                | 81.7                | 21.0  | 30.4                 | 477.1 |
| Total     | 365.8                | 88.4                | 21.1  | 30.5                 | 505.8 |

\* Per 100,000 of total population aged 15 and over

\*\* Including Men's Reformatory, Anamosa (Insane Department)

# Only patients who are residents of Iowa are included

Source: "Patients in Hospitals for Mental Disease", Bureau of the Census, United States Department of Commerce.  
"Psychotic United States Veterans Remaining under Hospital Treatment in all Hospitals, by Hospital and Veteran's State of Residence, July 1, 1935", Veterans' Administration, Budget and Statistics.



The two districts in the northern part of the state have higher hospitalization rates than the two southern districts.

Expected hospitalization rates The hospitalization rate for Iowa, 505.8 per 100,000 of the total population aged 15 and over, is 95.4 per cent of the usual hospitalization rate, 530.3, that obtains in other primarily rural states that have a long history of good care for their mentally ill patients. If this rate were to prevail in Iowa, there would be 9,700 patients in the hospitals for mental disease instead of the present number of 9,250. That is there are doubtless some 450 individuals in Iowa suitable for hospitalization for mental disease who are not hospitalized.

Comparison with other states Iowa differs from other states with respect to the rather high proportion of its patients that are under care in county hospitals. Fully 17.5 per cent of the total patient population of Iowa reside in such institutions whereas in the total country, only 8.3 per cent of all mental patients are hospitalized in county and city institutions. The hospitalization rates for mental disease per 100,000 aged 15 and over in Iowa and in other sections are shown in Table IV. The most recent year for which comparative data are available is 1935.



Hospitalization Rate in Hospitals for Mental Disease per  
100,000 of Total Population 15 years old and Over by Type of  
Hospital in Iowa as Compared with Other Sections at the end of 1935

|                              | <u>Total</u> | <u>State</u> | <u>Veterans'<br/>Admin-<br/>istration<br/>Facilities*</u> | <u>City<br/>and<br/>County</u> | <u>Private</u> |
|------------------------------|--------------|--------------|---|--------------------------------|----------------|
| Iowa#                        | 505.8        | 365.8        | 21.1  | 88.4                           | 30.5           |
| West North<br>Central Region | 432.9        | 359.8        | 21.9  | 36.9                           | 14.2           |
| Massachusetts                | 672.9        | 630.2        | 30.7  | ---                            | 12.1           |
| United States                | 462.3        | 390.9        | 21.2  | 38.4                           | 11.8           |
| Expected Rate                | 530.3        |              |   |                                |                |

\* Veterans are distributed by state of residence and not by state of hospitalization.

# Mental Hospital Survey, 1937

Source: "Patients in Hospitals for Mental Disease", Bureau of the Census, United States Department of Commerce

"Psychotic U.S. Veterans Remaining under Hospital Treatment in all Hospitals, by Hospital and Veteran's State of Residence, July 1, 1935", Veterans' Administration, Budget and Statistics.

The hospitalization rate for Iowa is three-fourths as high as the rate in Massachusetts. The private hospitals of Iowa care for a much higher proportion of patients than the private hospitals of other states, the rate for Iowa being about three times as high as that for the entire country. Although not all these patients are Iowans, the majority of them are residents of the state. It is noteworthy that the hospitalization rate for veterans in Iowa is approximately the same as the average rate for the country.

Trend  
in hospi-  
tal-  
ization

The hospitalization rate per 100,000 aged 15 and over for mental disease and for inebriety in the state hospitals has risen from 92.6 in 1880 to 365.8 in 1937, an increase of 295 per cent as shown in Table V.



During the same period, the hospitalization rate for mental disease in the entire country has risen from 102.9 to 400.6, an increase of 289.3 per cent. The rate of hospitalization has increased in Iowa a little more rapidly than in the country as a whole.

There are no comparable data for the trends in the private institutions, in the county institutions and in the Veterans' Administration Facility. Since state institutions account for about 72 per cent of all hospitalized patients the trend in the latter can be taken as an index of the total trend.

Table V

Hospitalization Rate\* in State Hospitals for  
Mental Disease in Iowa and the United States, 1880-1937

|      | <u>Iowa</u> | <u>United States</u> |
|------|-------------|----------------------|
| 1880 | 92.6        | 102.9                |
| 1890 | 148.9       | 166.8                |
| 1904 | 229.0       | 240.9                |
| 1910 | 268.2       | 254.8                |
| 1922 | 284.6       | 298.7                |
| 1930 | 317.3       | 325.4                |
| 1935 | 371.4#      | 390.9#               |
| 1937 | 365.8(a)    | 400.6###             |

\* Per 100,000 of total population aged 15 and over

# As of the end of the year

## As of the end of 1936

(a) Mental Hospital Survey, 1937

Source: "Patients in Hospitals for Mental Disease", Bureau of the Census, United States Department of Commerce. (Beginning of the year)



Patients without psychosis- is in the state hospitals for mental disease Not all the patients in the hospitals for mental disease are diagnosed as having mental illness. In the state hospitals of Iowa there are about 215 patients without psychosis, constituting about 3.2 per cent of the total population of those hospitals. The majority of these patients are alcoholics. In the Veterans' Administration Facility, there are 46 patients without psychosis or 5.3 per cent of the total; about half of these are alcoholics. The proportion of patients without psychosis in the county and private hospitals is not available. The proportion of patients without psychosis in the other states varies from 0.2 in New York to 9.8 in Virginia. The proportion in Iowa is about one and one-half times as high as the proportion in the country as a whole. These data are shown in Table VI.

Table VI

Percentage of Patients in State Hospitals for Mental Disease by Diagnosis, in Iowa as Compared with Other States

|                | <u>With Psychosis</u> | <u>Without Psychosis</u> | <u>Total</u> |
|----------------|-----------------------|--------------------------|--------------|
| Iowa           | 96.7                  | 3.2                      | 100.         |
| Virginia       | 90.2                  | 9.8                      | 100.         |
| Massachusetts  | 99.4                  | 0.6                      | 100.         |
| New York       | 99.8                  | 0.2                      | 100.         |
| United States* | 98.1                  | 1.9                      | 100.         |

\* This estimate was obtained by assuming that the proportion of mental defectives and epileptics residing in state hospitals for mental disease is equal to their proportion among the first admissions to state hospitals for mental disease.

Source: Iowa: Mental Hospital Survey, 1937

Virginia: "A Survey of the Virginia State Hospitals, Part II",  
Mental Hospital Survey Committee, 1937

Massachusetts: Annual Report of the Commissioner of Mental  
Diseases, Year Ending November 30, 1936, Page 132

New York: Annual Report of the Department of Mental Hygiene,  
Year ending June 30, 1936, Page 213

United States: "Patients in Hospitals for Mental Disease",  
Bureau of the Census, United States Department of  
Commerce as of end of 1935.



## 2. Patients with Mental Defect and Epilepsy

There are two state institutions and one private institution in Iowa caring for mental defectives and epileptics. These institutions together with the number of patients in each are shown in Table VII.

Table VII

| <u>State Institution for<br/>Mental Defect and Epilepsy</u> | <u>Number of<br/>Patients</u> |
|---|-------------------------------|
| Iowa Institution for Feeble-minded Children                 | 1,360                         |
| Hospital for Epileptics and School for<br>Feeble-minded     | <u>1,404</u>                  |
| Total   | 3,264                         |
| *****   |                               |
| Private Institution   |                               |
| Total   | <u>46</u>                     |
| Total   | 3,310                         |

Source: State Institutions: Mental Hospital Survey, 1937  
Private Institutions: Records of the American Medical Association, 1936

Mental  
defectives  
and epi-  
leptics in  
hospitals  
for mental  
disease and  
in correc-  
tional insti-  
tutions

In addition to the mental defectives and epileptics in these institutions there are 22 patients with these diagnoses in the state hospitals for mental disease and 19 in the Veterans' Administration Facility, giving a total of 41 mental defectives and epileptics hospitalized in the institutions for patients with mental disease. It is estimated that approximately 12 per cent of the commitments to the Training School for Boys are feeble-minded.\* There were 701 admissions to the Training School for Boys during the biennium ending June 30, 1936. Of this number 84 admissions would have been sent to an institution for mental defectives if the latter were not

\* Report of the Psychologist in the Twentieth Biennial Report of the Board of Control of State Institutions, Period Ending June 30, 1936, Page 22.



overcrowded. If the proportion of mental defectives among the residents in the Training School is about the same as the proportion among the commitments, 70 boys institutionalized in the Training School really belong in a school for mental defectives. This would bring the total number of individuals with recognized mental defect and epilepsy to 3,421.

Mental  
defectives  
in the  
two  
districts  
by insti-  
tutions

The mental defectives in the northern part of Iowa are hospitalized in the Hospital for Epileptics and School for Feebleminded at Woodward and those from the southern part of the state are hospitalized in the Iowa Institution for Feebleminded Children, Glenwood. All the epileptic patients are hospitalized in Woodward. The two districts and the hospitalization rate for mental defect in each are shown in Table VIII.

Table VIII

MENTAL DEFECTIVES IN ALL INSTITUTIONS BY DISTRICTS IN IOWA

| <u>Institutions</u>                                       | <u>Northern District</u> |                 | <u>Southern District</u> |                 | <u>Total</u>  |                 |
|---|--------------------------|-----------------|--------------------------|-----------------|---------------|-----------------|
|   | <u>Number</u>            | <u>Per cent</u> | <u>Number</u>            | <u>Per cent</u> | <u>Number</u> | <u>Per cent</u> |
| State Institutions for<br>Mental Defect and Epi-<br>lepsy | 935*                     | 91.2            | 1,860                    | 95.5            | 2,795         | 94.0            |
| State Hospitals for<br>Mental Disease                     | 20                       | 2.0             | 0                        | 0               | 20            | 0.7             |
| Veterans' Adminis-<br>tration Facility**                  | 13                       | 1.8             | 23                       | 1.2             | 41            | 1.4             |
| Private Institutions for<br>Mental Defect and Epilepsy**  | 21                       | 2.0             | 25                       | 1.3             | 46            | 1.5             |
| Training School for Boys**                                | 31                       | 3.0             | 39                       | 2.0             | 70            | 2.4             |
| Total   | 1,025                    | 100.            | 1,947                    | 100.            | 2,972         | 100.            |

\* Based on proportion that mental defectives constituted of total population of Woodward for biennium ending June 30, 1936, Table 21, Twentieth Biennial Report of the Board of Control of State Institutions.

\*\* Distribution to northern and southern districts based on the proportion of total population in these districts in 1930.



Hospital-  
ization  
rate

The hospitalization rate for mental defect in the Northern District is 114.8 and in the Southern 179.9. For the entire state, the hospitalization rate is 150.6.\*

Epileptics

Only one institution cares for epileptics in Iowa, the Hospital for Epileptics and School for Feebleminded at Woodward. There are 1,404 patients in this institution; of this number 469 or 33.4 per cent are epileptics and the rest mental defectives. Adding to this number two epileptics who are in the state hospitals for mental disease and four in the Veterans' Administration Facility, the total number of epileptics is 475 and the hospitalization rate 24.6 per 100,000 between the ages 5-54.

The hospitalization rate for mental defect and for epilepsy in Iowa as compared with other states is shown in Table IX. The rate for mental defect in Iowa is higher than in the comparable states and is exceeded only by Massachusetts. For epilepsy Iowa has a hospitalization rate which is only slightly higher than in the other states.

-----  
\* Rates do not include mental defectives in Training School for Boys since they are not hospitalized for mental defect.



Table IX

Hospitalization Rate for Mental Defect and Epilepsy in Iowa as Compared with Other States per 100,000 of total population aged 5-54

|               | <u>Mental Defect</u> |             | <u>Epilepsy</u> |             | <u>Mental Defect and Epilepsy</u> |             |
|---------------|----------------------|-------------|-----------------|-------------|-----------------------------------|-------------|
|               | <u>Number</u>        | <u>Rate</u> | <u>Number</u>   | <u>Rate</u> | <u>Number</u>                     | <u>Rate</u> |
| Iowa          | 2,902                | 150.6       | 475             | 24.6        | 3,377                             | 175.2       |
| Virginia      | 1,475                | 69.4        | 485             | 22.8        | 1,960                             | 92.2        |
| New York      | 13,186               | 128.3       | 2,223           | 21.7        | 15,409                            | 150.0       |
| Massachusetts | 5,961                | 175.4       | 99              | 2.9         | 6,060                             | 178.3       |
| United States |                      |             |                 |             | 104,151                           | 103.8       |

Source: Iowa: Mental Hospital Survey, 1937  
 Virginia: "A Survey of the Virginia State Hospitals", Mental Hospital Survey Committee, 1937  
 New York: Annual Report of the Department of Mental Hygiene, Year Ending June 30, 1936  
 Massachusetts: Annual Report of the Commissioner of Mental Diseases, Year Ending November 30, 1936  
 United States: "Mental Defectives and Epileptics in Institutions", Bureau of the Census, United States Department of Commerce. To this number were added 6,712 patients, the estimate of the probable number of mental defectives and epileptics in state hospitals for mental disease. This number was obtained by assuming that the proportion of mental defectives and epileptics residing in state hospitals for mental disease is equal to their proportion among the first admissions to state hospitals for mental disease. This proportion was 1.9 per cent.

Trend in hospitalization rate The hospitalization rate for mental defect and epilepsy in state institutions was 56.6 in 1904 and 175.2 in 1937, an increase of 209.5 per cent. The comparable data for the entire country start with 1922. In that year, the hospitalization rate for the United States was 53.5 and it increased to 93.4 in 1937, an increase of 59.7 per cent or 4.0 per cent per annum, while the increase in Iowa was 6.3 per cent per annum. These data are shown in Table X.



Table X

Hospitalization Rates in State Institutions for Mental Defect  
and Epilepsy in Iowa and the United States, 1904-1937

|      | <u>Iowa</u> | <u>United States</u> |
|------|-------------|----------------------|
| 1904 | 56.6        | *                    |
| 1910 | 68.8        | *                    |
| 1922 | 103.8       | 58.5                 |
| 1930 | 129.3       | 71.9                 |
| 1935 | 154.3       | 90.1                 |
| 1937 | 169.4#      | 93.4##               |

Based on total population aged 5-54

\* Data not available

# Mental Hospital Survey, 1937

## As of end of 1936

Source: "Mental Defectives and Epileptics in Institutions",  
Bureau of the Census, United States Department of  
Commerce. (Beginning of the year)

## II ADMISSIONS TO INSTITUTIONS FOR MENTAL PATIENTS

### 1. Admission of Patients with Mental Disease

There were 2,971 patients admitted to the hospitals for  
mental disease in the state of Iowa during 1936; of this number,  
1,872 or 63.0 per cent were admitted to state hospitals, 20 or 0.7  
per cent to the county and city hospitals, 146 or 4.9 per cent to  
the Veterans' Administration Facility and 933 or 31.4 per cent to  
the private hospitals.\*

-----  
\* "Patients in Hospitals for Mental Disease, 1936", Bureau of  
the Census, United States Department of Commerce.



First  
admis-  
sions

The number of first admissions, which is a good index of the present trend in mental disease, was 2,275. The distribution of these first admissions by hospital districts is shown in Table XI.

Table XI

First Admissions of Patients to Hospitals for Men-  
tal Disease in Iowa by Districts

| <u>Districts</u> | <u>Total</u>  |                 | <u>State Hospitals</u> |                 | <u>Other Hospitals</u> |                 |
|------------------|---------------|-----------------|------------------------|-----------------|------------------------|-----------------|
|                  | <u>Number</u> | <u>Per cent</u> | <u>Number</u>          | <u>Per cent</u> | <u>Number</u>          | <u>Per cent</u> |
| Northeast        | 516           | 100.            | 273                    | 52.9            | 243                    | 47.1            |
| Northwest        | 604           | 100.            | 384                    | 63.6            | 220                    | 36.4            |
| Southeast        | 562           | 100.            | 305                    | 54.3            | 257                    | 45.7            |
| Southwest        | 593           | 100.            | 331                    | 55.8            | 262                    | 44.2            |
| Total            | 2,275         | 100.            | 1,293                  | 56.8            | 982*                   | 43.2            |

\* First admissions to state hospitals were obtained by Mental Hospital survey, 1936; total first admissions from data issued by the Bureau of the Census, 1936. The difference between these figures, designated as "Other Hospitals" was distributed by district proportionately as the total population of Iowa for 1930.

Readmis-  
sions

More than half of all first admissions were admitted to the state hospitals. The ratio of readmissions to first admissions was 21.8 per cent for the entire state which is only slightly below the ratio in other states. The Northwest District shows a readmission rate of 15.6 per 100 admissions which is considerably below the other districts.

Trend in  
first  
admis-  
sions

The trend in first admissions for state hospitals is shown in Table XII.



Table XII

First Admission Rate to State Hospitals for  
Mental Disease in Iowa, 1927-1936

|      | <u>Total</u> | <u>Mental<br/>Disease</u> | <u>Alcoholics</u> |
|------|--------------|---------------------------|-------------------|
| 1927 | 60.9         | 52.6                      | 8.4               |
| 1928 | 71.0         | 55.4                      | 15.5              |
| 1929 | 68.9         | 57.0                      | 12.0              |
| 1930 | 69.9         | 61.6                      | 8.2               |
| 1931 | 72.4         | 58.1                      | 14.5              |
| 1932 | 76.7         | 61.7                      | 15.0              |
| 1933 | 85.9         | 64.6                      | 21.4              |
| 1934 | 104.0        | 74.1                      | 29.9              |
| 1935 | 88.9         | 63.6                      | 25.2              |
| 1936 | 92.6         | 70.8                      | 21.9              |

Based on total population aged 15 and over

Source: Table prepared by Board of Control of State Institutions.

The first-admission rate has increased from 60.9 in 1927 to 92.6 in 1936 an increase of 52.1 per cent. During the same period the increase in the country as a whole was from 67.1 to 79.9, or 19.1 per cent.

It should be noted that the first admissions to the state hospitals are composed of two distinct groups, the mentally diseased and the inebriates without psychosis. The trend of admissions for these two diagnoses is shown in Table XII. It is clear that the trend in first admissions for inebriates has increased markedly during the past decade. For mental disease alone the rate has increased from 52.6 to 70.8, an increase of 34.6 per cent, while for inebriates the rate has gone up from 8.4 to 21.9 or nearly threefold.



The rate for Iowa is compared with the rates in other states in Table XIII.

Table XIII

Comparison with other states

First Admissions to Hospitals for Mental Disease by Diagnosis in Iowa as Compared with Other Sections, 1936

|                           | Total   |       | With Psychosis |       | Without Psychosis |      |
|---------------------------|---------|-------|----------------|-------|-------------------|------|
|                           | Number  | Rate  | Number         | Rate  | Number            | Rate |
| Iowa                      | 2,275   | 124.7 | 1,884          | 103.2 | 391               | 21.4 |
| West North Central Region | 9,718   | 99.0  | 8,240          | 84.0  | 1,478             | 15.0 |
| Virginia                  | 3,076   | 174.0 | 2,100          | 118.9 | 976               | 55.1 |
| Massachusetts             | 3,766   | 115.8 | 3,641          | 112.0 | 125               | 3.8  |
| United States             | 109,076 | 120.3 | 91,334         | 100.7 | 17,742            | 19.5 |

Based on total population aged 15 and over

Source: "Patients in Hospitals for Mental Disease, 1936", Bureau of the Census, United States Department of Commerce, Released January 10, 1938

The first admission rate for patients diagnosed as with psychosis in Iowa is a little higher than the rate for the entire country and somewhat lower than the rates that obtain in Virginia and Massachusetts. For patients without psychosis the rate in Iowa is only slightly higher than the rate for the entire country.



## 2. Admissions of Patients to Institutions for Mental Defectives and Epileptics

There were 622 patients admitted to the institutions for mental defectives and epileptics during the biennium ending June 30, 1936. The number of admissions and readmissions in the two state institutions and in the private institution caring for mental defectives and epileptics is shown in Table XIV.

Table XIV

### First and Readmissions of Patients to Institutions for Mental Defectives and Epileptics in Iowa, 1936

| State Institutions<br>for Mental Defect<br>and Epilepsy      | First Admissions |               |      | Readmissions     |               |      | Total            |               |      |
|--|------------------|---------------|------|------------------|---------------|------|------------------|---------------|------|
|  | Mental<br>Defect | Epi-<br>lepsy | Both | Mental<br>Defect | Epi-<br>lepsy | Both | Mental<br>Defect | Epi-<br>lepsy | Both |
| Hospital for Epi-<br>leptics and School<br>for Feeble-minded | 141              | 85            | 226  | 123              | 62            | 185  | 264              | 147           | 411  |
| Iowa Institution for<br>Feeble-minded Children               | 184              | --            | 184  | 2                | --            | 2    | 186              | ---           | 186  |
| Total  | 325              | 85            | 410  | 125              | 62            | 187  | 450              | 147           | 597  |

\*\*\*\*\*

### Private Institutions

|  |     |     |     |
|--|-----|-----|-----|
| Powell School for Back-<br>ward and Nervous<br>Children* | 25  | --- | 25  |
| Total  | 475 | 147 | 622 |

\* 1935 and 1936 records of the American Medical Association

Source: Twentieth Biennial Report of Board of Control for the Period ending June 30, 1936. Table No. 1, page 25, Table 21, page 51.

The first admission rates for mental defectives in the two districts of Iowa are shown in Table XV.



Table XV

First Admission Rates for Mental Defectives in Institutions.  
1936, in the Northern and Southern Districts of Iowa

| <u>Districts</u> | <u>Mental<br/>Defectives</u> | <u>Rate</u> |
|------------------|------------------------------|-------------|
| Northern         | 152                          | 8.9         |
| Southern         | 198                          | 9.4         |
| Total            | 350                          | 9.1         |

The first admission rate in the southern district is slightly higher than the rate in the northern district.

There is only one institution caring for the epileptic and the first admission rate for epilepsy during the biennium ending June 30, 1936 was 2.3.

Trend in  
first  
admis-  
sions

The trend in first admissions for mental defect and epilepsy is shown in Table XVI.

Table XVI

First Admissions to State Institutions for  
Mental Defect and Epilepsy in Iowa, 1927-1936

|      | <u>Total</u> | <u>Mental<br/>Defect</u> | <u>Epilepsy</u> |
|------|--------------|--------------------------|-----------------|
| 1927 | 15.4         | 11.7                     | 3.7             |
| 1928 | 8.7          | 5.6                      | 3.2             |
| 1929 | 8.9          | 7.4                      | 1.5             |
| 1930 | 8.3          | 7.0                      | 1.5             |
| 1931 | 8.6          | 7.0                      | 1.6             |
| 1932 | 15.6         | 11.8                     | 3.7             |
| 1933 | 14.7         | 12.1                     | 2.8             |
| 1934 | 10.3         | 8.3                      | 2.0             |
| 1935 | 8.6          | 6.8                      | 1.9             |
| 1936 | 10.8         | 8.5                      | 2.3             |

Based on total population aged 5-54

Source: Table prepared by Board of Control of State Institutions



The first admission rate for mental defect has decreased from 11.7 in 1927 to 8.5 in 1936, a decrease of 27.4 per cent. For epilepsy, there has been a similar decrease from 3.7 in 1927 to 2.3 in 1936. It is quite likely that the high degree of overcrowding in these institutions is the cause for the decrease in first admissions.

The first admission rates for mental defect and epilepsy in

Comparison with other states Iowa and those of other states are shown in Table XVII.

Table XVII

First Admission Rates for Mental Defectives and Epileptics to State Institutions in Iowa as Compared with Other Sections, 1935

|               | <u>Mental Defect</u> | <u>Epilepsy</u> | <u>Both</u> |
|---------------|----------------------|-----------------|-------------|
| Iowa*         | 8.5                  | 2.3             | 10.8        |
| Virginia      | 18.2                 | 0.7             | 18.9        |
| Massachusetts | 16.4                 | 2.2             | 18.6        |
| New York      | 21.3                 | 0.9             | 22.2        |
| United States | 10.1                 | 1.1             | 11.2        |

# Based on total population aged 5-54

\* Iowa data for the biennium ending June 30, 1936 includes only state institutions for mental defect and epilepsy, as given in the Twentieth Biennial Report of the Board of Control, Period Ending June 30, 1936.

Source: "Patients in Hospitals for Mental Disease" and "Mental Defectives and Epileptics in Institutions", Bureau of the Census, United States Department of Commerce.

The first admission rate for mental defect to state institutions in Iowa is only a little below the rate for the entire country. The rate of first admissions for epilepsy in Iowa is nearly twice the rate in the entire country.



### III OVERCROWDING IN THE INSTITUTIONS FOR MENTAL DISEASE

The total rated capacity of the state hospitals for mental disease is approximately 5,000. These institutions now care for 6,600 patients, indicating a lack of facilities for about 1,600 patients or an overcrowding of one-third of the capacity. The degree of overcrowding varies from 13.3 per cent in the Mt. Pleasant State Hospital to nearly 50 per cent in the Cherokee State Hospital, as shown in Table XVIII and Graph II.

Table XVIII

#### Overcrowding in State Institutions for Mental Disease and for Mental Defect and Epilepsy in Iowa, 1937

| <u>State Hospitals<br/>for Mental Disease</u>                | <u>Patients</u> | <u>Rated<br/>Capacity</u> | <u>Excess</u> |                 |
|--|-----------------|---------------------------|---------------|-----------------|
|  |                 |                           | <u>Number</u> | <u>Per cent</u> |
| Cherokee State Hospital                                      | 1,676           | 1,120                     | 556           | 49.6            |
| Clarinda State Hospital                                      | 1,658           | 1,250                     | 408           | 32.6            |
| Independence State Hospital                                  | 1,771           | 1,245                     | 526           | 42.2            |
| Mt. Pleasant State Hospital                                  | 1,495           | 1,320                     | 175           | 13.3            |
| Total - Mental Disease                                       | 6,600           | 4,935                     | 1,665         | 33.7            |
| <u>State Institutions for Mental<br/>Defect and Epilepsy</u> |                 |                           |               |                 |
| Iowa Institution for<br>Feeble-minded Children               | 1,860           | 1,650                     | 210           | 12.7            |
| Hospital for Epileptics and<br>School for Feeble-minded      | 1,404           | 1,000                     | 404           | 40.4            |
| Total - Mental Defect and Epilepsy                           | 3,264           | 2,650                     | 614           | 23.2            |
| <hr/>  |                 |                           |               |                 |
| Veterans' Administration Facility,<br>Knoxville              | 858             | 856*                      | 2             | 0.2             |

\* Journal of American Medical Association--March, 1937

In the case of the institutions for mental defectives and epileptics one institution has 210 patients in excess of its rated capacity, the other



404 patients in excess. The total proportion of overcrowding is 23.2 per cent. In contrast with the overcrowding in the state institutions, there are only two patients in excess of the rated capacity in the Veterans' Administration Facility at Knoxville.

Com-  
pari-  
with  
other  
states

The overcrowding in the state institutions for mental disease and mental defect and epilepsy in Iowa and other states are shown in Table XIX and Graph III.

Table XIX

Overcrowding in State Institutions for Mental Disease and for Mental Defect and Epilepsy in Iowa as Compared with Other Sections, 1935

| State Hospitals<br>for Mental Disease                            | Average Daily<br>Resident Patient<br>Population | Rated<br>Capacity | Excess |          |
|--|---|-------------------|--------|----------|
|  |   |                   | Number | Per cent |
| Iowa*  | 6,600   | 4,935             | 1,665  | 33.7     |
| West North<br>Central Region                                     | 34,330  | 30,850            | 3,980  | 12.9     |
| Massachusetts  | 18,722  | 16,739            | 1,983  | 11.8     |
| United States  | 347,620   | 312,158           | 35,462 | 11.4     |
| <u>State Institutions for<br/>Mental Defect and<br/>Epilepsy</u> |   |                   |        |          |
| Iowa*  | 3,264   | 2,650             | 614    | 23.2     |
| West North<br>Central Region                                     | 11,669  | 11,862            | -193   | -1.6     |
| Massachusetts  | 6,799   | 5,608             | 1,191  | 21.2     |
| United States  | 92,190  | 87,535            | 4,655  | 5.3      |

\* Mental Hospital Survey, 1937

Source: "Patients in Hospitals for Mental Disease" and "Mental Defectives and Epileptics in Institutions", Bureau of the Census, United States Department of Commerce.

The overcrowding in state hospitals for mental disease is about three times as high in Iowa as it is in the entire United States and a little more than twice as high as in the West North Central Region. It is about equal to the degree of overcrowding that obtained in Ontario



before the recent survey. That province has promptly instituted an adequate building program.

With regard to the institutions for mental defect and epilepsy the degree of overcrowding in Iowa was 23.2 per cent, which is considerably higher than the degree of overcrowding in the country as a whole.

There is a need of additional facilities for 2,200 patients Deficit in facilities in the hospitals for mental disease. The deficit is most pronounced in the western part of the state and a new hospital would be most serviceable if placed somewhere between Des Moines and the Missouri River. The distribution of the deficit in facilities in the state as a whole is shown in Table XX and Graph IV.



Table XX

Actual and Required Bed Capacity in the Hospitals for  
Mental Disease in Iowa by Districts and Type of Control, 1937

|   | Capacity of<br>State<br>Hospitals | Patients<br>in other<br>Hospitals* | Total<br>Capacity<br>of Hospitals<br>in State | Expected<br>Number of<br>Patients# | Deficit<br>in<br>Fac-<br>ilities | Per<br>cent<br>Deficit |
|---|-----------------------------------|------------------------------------|---|------------------------------------|----------------------------------|------------------------|
| Northeast<br>Independence<br>State Hospital | 1,245                             | 718                                | 1,963   | 2,399                              | 436                              | 22.2                   |
| Northwest<br>Cherokee<br>State Hospital     | 1,120                             | 388                                | 1,508   | 2,171                              | 663                              | 44.0                   |
| Southeast<br>Mt. Pleasant<br>State Hospital | 1,320                             | 806                                | 2,126   | 2,539                              | 413                              | 19.4                   |
| Southwest<br>Clarinda<br>State Hospital     | 1,250                             | 652                                | 1,902   | 2,595                              | 693                              | 36.4                   |
| Total                                       | 4,935                             | 2,564                              | 7,499   | 9,704                              | 2,205                            | 29.4                   |

\* Patients in county hospitals, the Veterans' Administration Facility and private hospitals. It was assumed that these institutions were not overcrowded and were filled to capacity.

# Based on the expected hospitalization rate of 530.3 per 100,000 aged 15 and over.

Source: State and County Hospitals - Mental Hospital Survey, 1937  
Private Hospitals and Veterans' Administration Facility: Patients distributed in proportion to the total population 15 years old and over in the 1930 census as shown in the Appendix on file at the Mental Hospital Survey Committee.



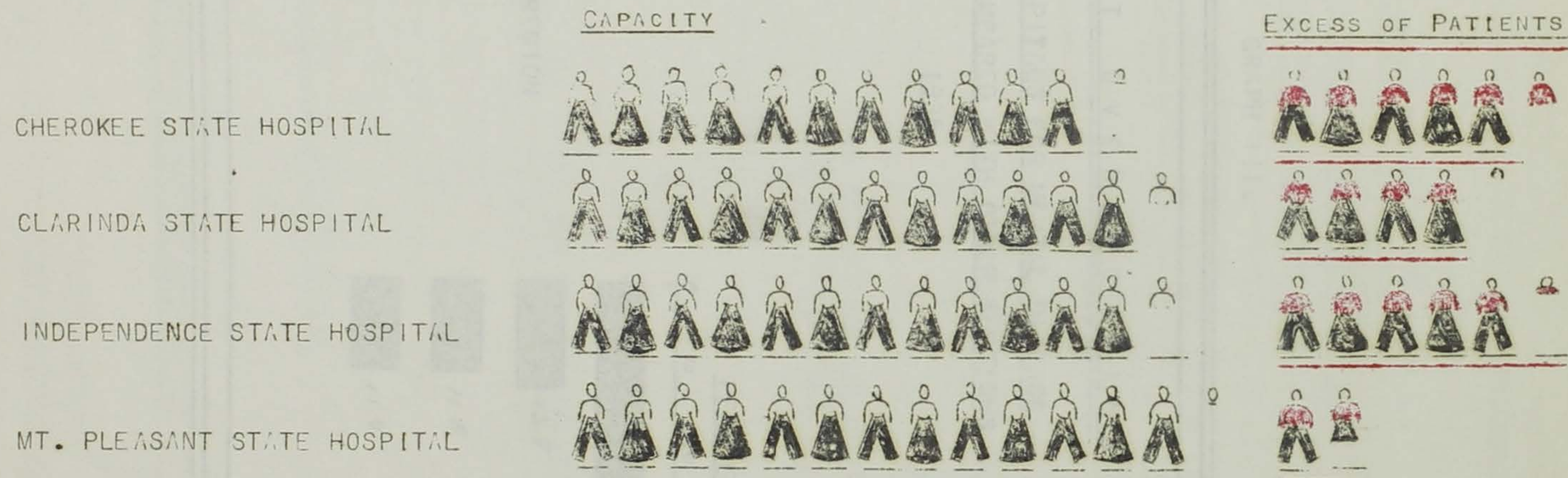
# GRAPH II.

## O V E R C R O W D I N G

IN STATE HOSPITALS FOR MENTAL DISEASE IN IOWA

1937

EACH FIGURE REPRESENTS 100 PATIENTS



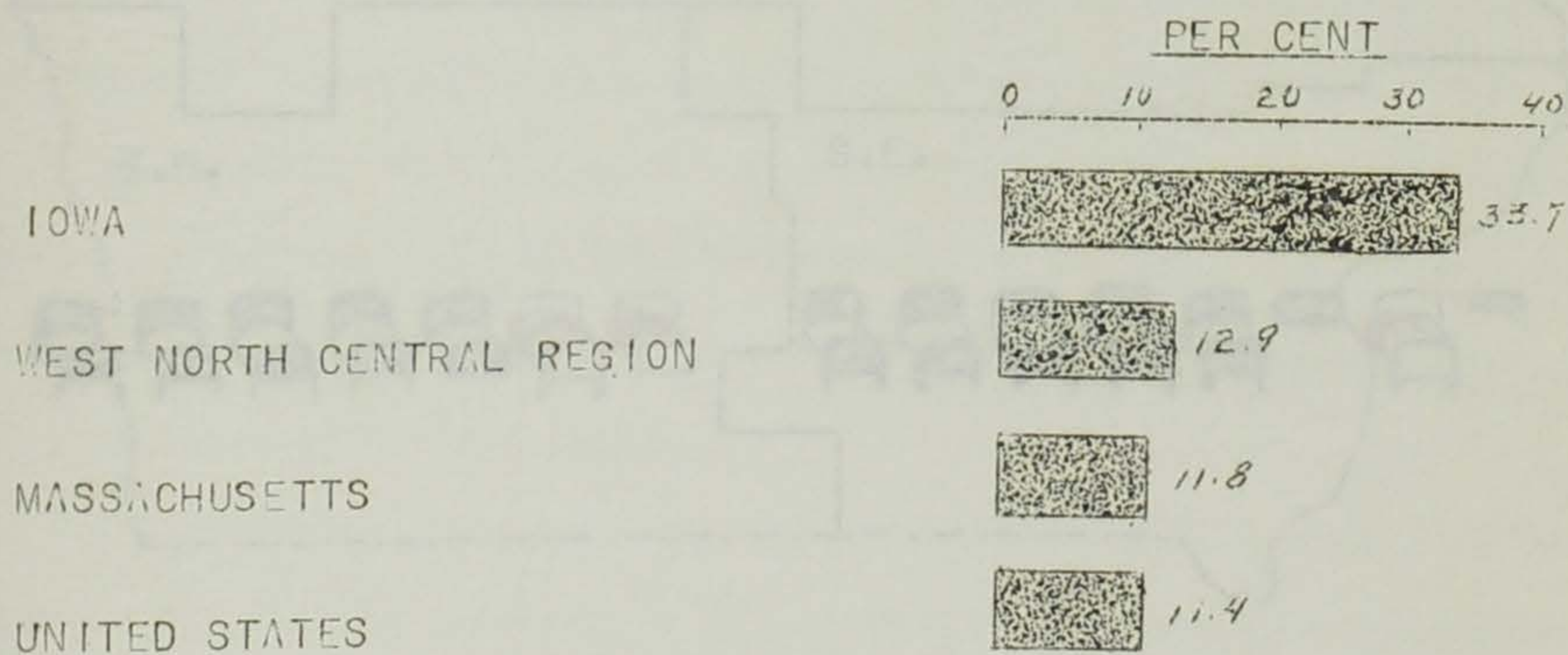


GRAPH III.

P E R C E N T O V E R C R O W D I N G

I N S T A T E H O S P I T A L S F O R M E N T A L D I S E A S E  
I N I O W A A S C O M P A R E D W I T H O T H E R S E C T I O N S

1935



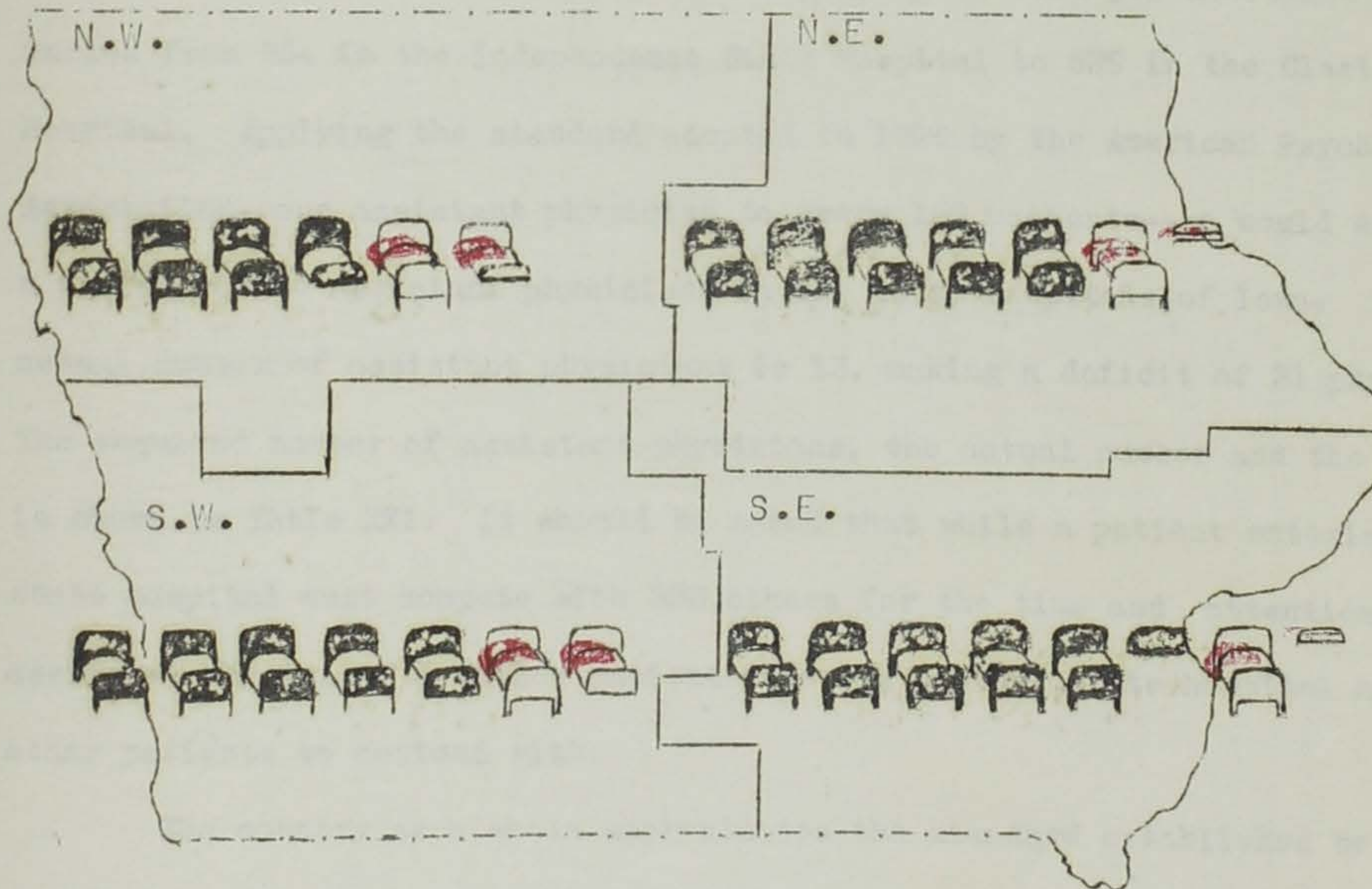


GRAPH IV.

ACTUAL AND REQUIRED BED CAPACITY  
IN ALL HOSPITALS FOR MENTAL DISEASE  
IN IOWA BY HOSPITAL DISTRICTS

1937

EACH SYMBOL REPRESENTS 400 BEDS  
DEFICIT SHOWN IN RED



BED CAPACITY FOR ENTIRE STATE

TOTAL  
REQUIRED  
CAPACITY  
9700

ACTUAL CAPACITY 7500

DEFICIT-2200





#### IV PERSONNEL IN STATE INSTITUTIONS FOR MENTAL PATIENTS

##### 1. Medical Staff

The number of physicians in the state hospitals for mental disease of Iowa is 17, including four superintendents and 13 assistant physicians.

There is a record of 9 vacancies on the staffs of the four mental hospitals, which would bring the total to 26. The patient load per assistant physician in each of the state hospitals is shown in Table XXI and Graph V.

It is interesting to note that the patient load per assistant physician varies from 354 in the Independence State Hospital to 829 in the Clarinda State Hospital. Applying the standard adopted in 1926 by the American Psychiatric Association--one assistant physician to every 150 patients--we would expect a minimum of 44 assistant physicians in the state hospitals of Iowa. The actual number of assistant physicians is 13, making a deficit of 31 physicians. The required number of assistant physicians, the actual number and the deficit is shown in Table XXI. It should be noted that while a patient entering one state hospital must compete with 353 others for the time and attention of the assistant physician, a fellow patient entering another state hospital has 829 other patients to contend with.

Com-  
pari-  
sons  
with  
other  
states

The country as a whole approximates the standard established by the American Psychiatric Association to a much higher degree than does Iowa. The overloading of the medical staffs in Iowa is from three to four times as high as the overloading in some states and about twice as high as in the entire country.

In the institutions for mental defectives and epileptics, the patient load per assistant physician is much higher in Iowa than in the comparable sections. These data are shown in Table XXII and Graph VI.



Table XXI

Patient Load per Assistant Physician in State Institutions for Mental Disease and for  
Mental Defect and Epilepsy in Iowa, 1937

| State Hospitals<br>for Mental Disease                      | Patients | Superin-<br>tendent | Vacan-<br>cies# | Assistant<br>Physicians | Patient<br>Load per<br>Physician | Excess |          | Required<br>Number of<br>Assistant<br>Physicians | Defic-<br>it in<br>Ass't.<br>Phys. |
|--|----------|---------------------|-----------------|-------------------------|----------------------------------|--------|----------|--|------------------------------------|
|  |          |                     |                 |                         |                                  | Number | Per cent |  |                                    |
| Cherokee State Hospital                                    | 1,676    | 1                   | 2               | 4                       | 419.0                            | 269.0  | 179.3    | 11   | 7                                  |
| Clarinda State Hospital                                    | 1,658    | 1                   | 3               | 2                       | 829.0                            | 679.0  | 452.7    | 11   | 9                                  |
| Independence State<br>Hospital                             | 1,771    | 1                   | 1               | 5                       | 354.2                            | 204.2  | 136.1    | 12   | 7                                  |
| Mt. Pleasant State<br>Hospital                             | 1,495    | 1                   | 3               | 2                       | 747.5                            | 597.5  | 398.3    | 10   | 8                                  |
| Total - Mental<br>Diseases                                 | 6,600    | 4                   | 9               | 13                      | 507.7                            | 357.7  | 238.5    | 44   | 31                                 |
| State Institutions for<br>Mental Defect and Epilepsy       |          |                     |                 |                         |                                  |        |          |  |                                    |
| Iowa Institution for<br>Feeble-minded Children             | 1,860    | 1                   | -               | 3                       | 620.0                            |        |          |  |                                    |
| Hospital for Epileptics<br>and School for<br>Feeble-minded | 1,404    | 1                   | 1               | 2                       | 702.0                            |        |          |  |                                    |
| Total - Mental Defect<br>and Epilepsy                      | 3,264    | 2                   | 1               | 5                       | 652.8                            |        |          |  |                                    |
| Veterans' Administration<br>Facility, Knoxville            | 858      |                     |                 | 10*                     | 85.8                             | -64.2  | -42.8    |  |                                    |

\* Data supplied by American Medical Association, 1936

# Number of vacancies was obtained by deducting from a previously determined quota of physicians for each hospital. These quotas were apparently based on a standard ratio of one physician to 300 patients.



Table XXII

Patient Load per Assistant Physician in State Institutions for  
Mental Disease and for Mental Defect and Epilepsy in  
Iowa as Compared with Other Sections, 1935

| <u>State Hospitals<br/>for Mental Disease</u>                    | <u>Average Daily<br/>Resident<br/>Patient<br/>Population</u> | <u>Number of<br/>Physicians*</u> | <u>Number of<br/>Super-<br/>intendents</u> | <u>Number of<br/>Assistant<br/>Physicians</u> | <u>Patient<br/>Load per<br/>Assistant<br/>Physician</u> | <u>Excess<br/>Per<br/>No. Cen</u> |
|--|--|----------------------------------|--|---|---|-----------------------------------|
| Iowa   | 6,638  | 23                               | 4  | 19  | 349.4   | 199.4 132                         |
| West North<br>Central Region                                     | 34,742   | 117                              | 22   | 95  | 365.7   | 215.7 143                         |
| Massachusetts  | 18,722   | 109                              | 11   | 98  | 191.0   | 41.0 27                           |
| Ontario  | 10,370   | 60#                              | 9  | 48  | 216.0   | 66.0 44                           |
| United States  | 347,532  | 1,507                            | 166  | 1,341   | 259.2   | 109.2 72                          |
| <u>State Institutions for<br/>Mental Defect and<br/>Epilepsy</u> |  |                                  |  |   |   |                                   |
| Iowa   | 2,981  | 7                                | 2  | 5   | 596.2   |                                   |
| West North<br>Central Region                                     | 11,669   | 30                               | 10   | 20  | 583.5   |                                   |
| Massachusetts  | 6,358  | 29                               | 4  | 25  | 254.3   |                                   |
| Ontario  | 2,380  | 10                               | 2  | 8   | 297.5   |                                   |
| United States  | 88,348   | 293                              | 77   | 216   | 409.0   |                                   |

\* Including superintendents, assistant superintendents or assistant physicians, pathologists, medical internes, clinical directors and assistants and other staff

# Three physicians not on ward duty

Source: "Physicians in State Hospitals by States, 1935 and 1934"; "Physicians in State Institutions for Mental Defectives and Epileptics by States: 1935 and 1934"; "Patients in Hospitals for Mental Disease"; "Mental Defectives and Epileptics in Institutions", Bureau of the Census, United States Department of Commerce. "Survey of the Ontario Hospitals", Mental Hospital Survey Committee, 1937.

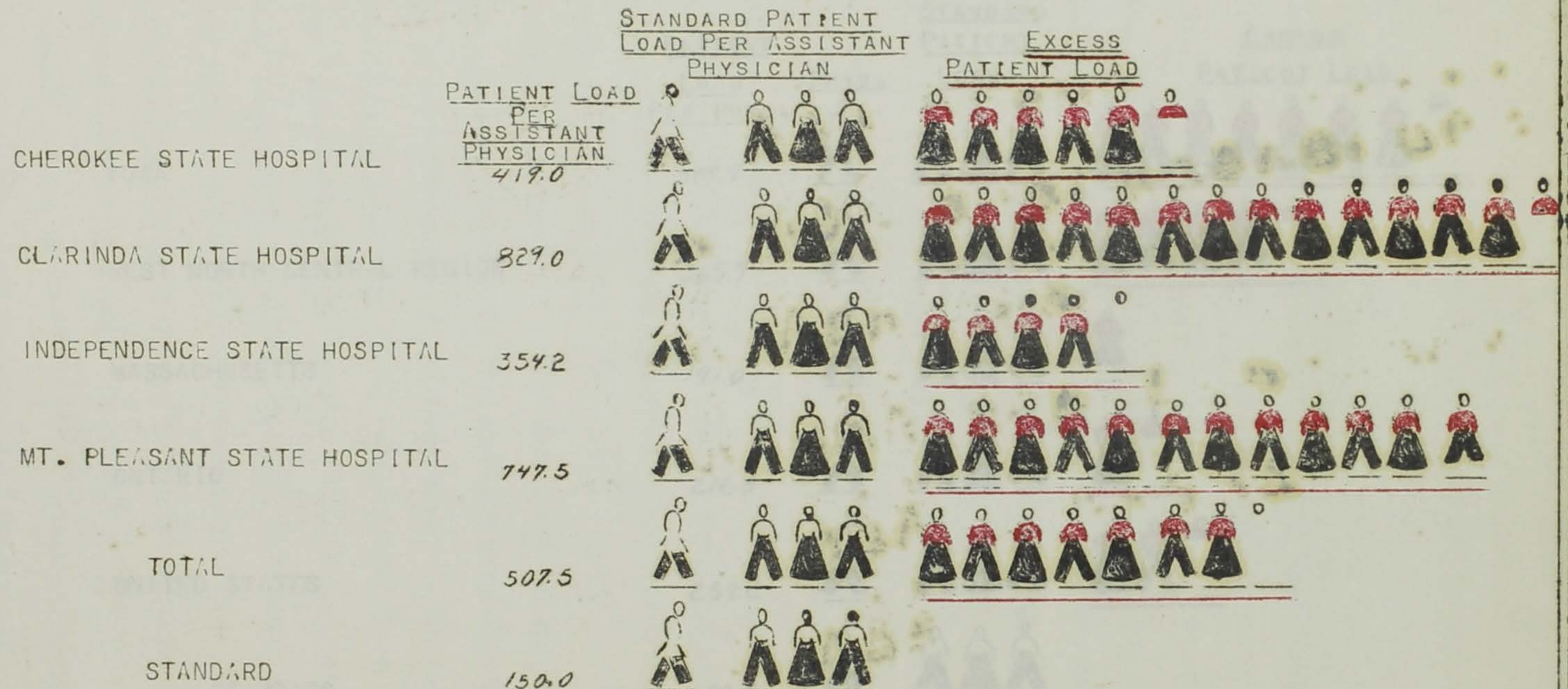


GRAPH V.

PATIENT LOAD PER ASSISTANT PHYSICIAN  
IN STATE HOSPITALS FOR MENTAL DISEASE IN IOWA

1937

EACH PATIENT FIGURE REPRESENTS 50 PATIENTS



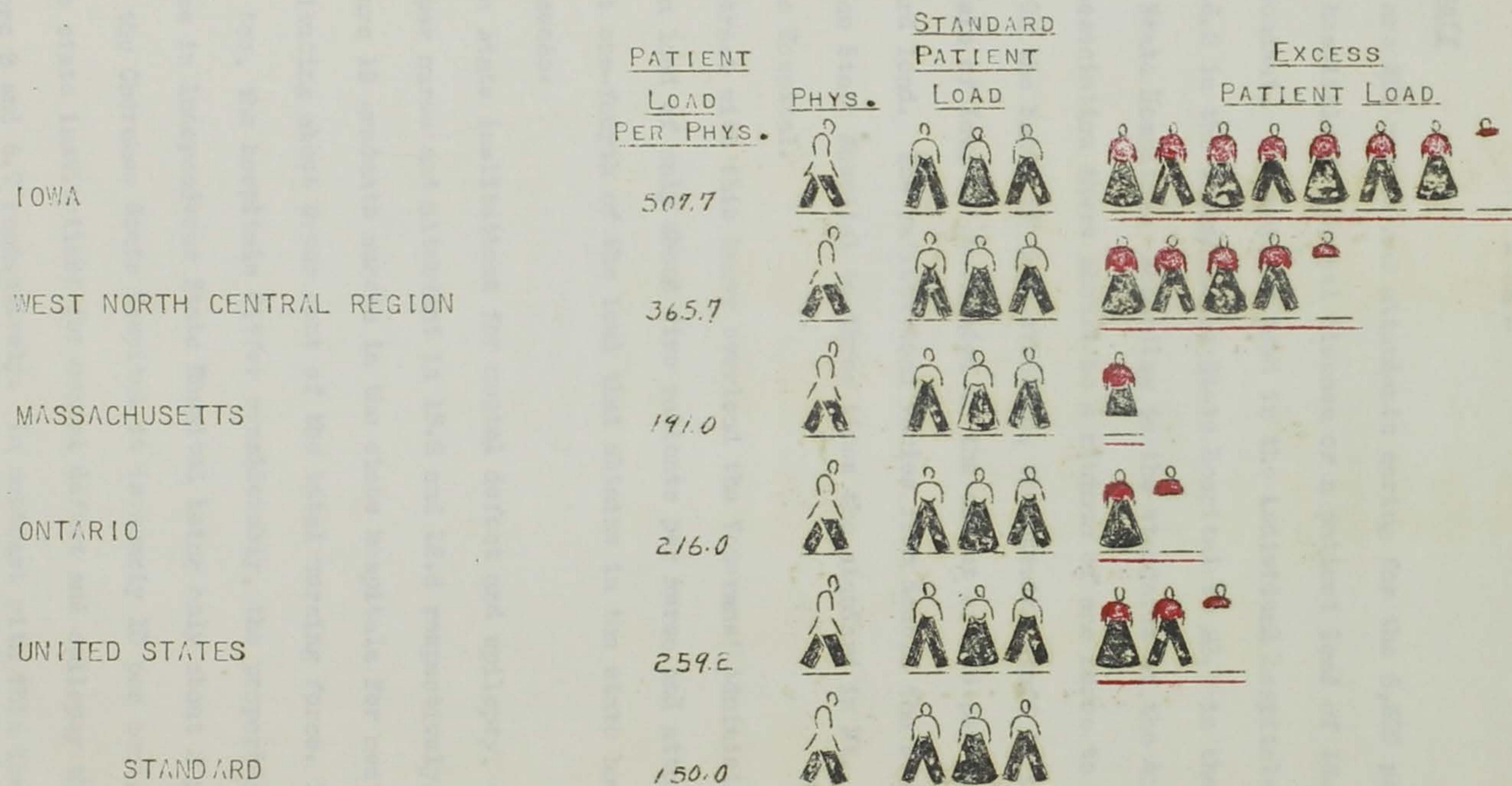


GRAPH VI.

PATIENT LOAD PER ASSISTANT PHYSICIAN  
IN STATE HOSPITALS FOR MENTAL DISEASE IN IOWA  
AS COMPARED WITH OTHER SECTIONS

1935

EACH PATIENT FIGURE REPRESENTS 50 PATIENTS





## 2. Nursing Staff

Patient  
load per  
nurse  
and  
attendant

There are 351 nurses and attendants caring for the 6,600 patients in the state hospitals for mental disease or a patient load of 18.8 per nurse and attendant. The patient load in the individual hospitals varies from 16.2 in the Independence State Hospital to 23.7 in the Mt. Pleasant State Hospital. According to the standards of the American Psychiatric Association there should be a minimum of one nurse to every 8 patients. On the basis of this standard, the nursing staff in the mental hospitals of Iowa is overloaded to the extent of 135 per cent of the standard load. The patient load varies from double the standard in Independence State Hospital to three times the standard in Mt. Pleasant State Hospital.

In contrast with this heavy overload the Veterans' Administration Facility has a load of only about five patients per nurse and attendant and only about one-fourth of the load that obtains in the state hospitals for mental disease.

In the state institutions for mental defect and epilepsy, the patient load per nurse and attendant is 15.8 and 18.8 respectively.

There are 19 graduate nurses in the state hospitals for mental disease constituting about 6 per cent of the total nursing force. In this respect, too, the hospitals differ considerably, the proportion of graduate nurses in Independence State Hospital being only about 2 per cent while in the Cherokee State Hospital it is nearly 10 per cent.

In the state institutions for mental defect and epilepsy the proportions were 3 and 6.7 respectively. In contrast with this low proportion of graduate nurses, in the Veterans' Administration Facility, about one-sixth of the nursing staff is composed of graduate nurses.



Applying the standards of the American Psychiatric Association to the individual hospitals it is noted that in order to care adequately for the nursing needs of the 6,600 patients there would be needed 825 nurses and attendants; the present number of 351 falls short of the mark by approximately 475. The distribution of additional nurses and attendants needed in the individual institutions is shown in Table XXIII.



Table XXIII

Patient Load per Nurse and Attendant in State Institutions for Mental  
Disease and for Mental Defect and Epilepsy in Iowa, 1937

| State Hospitals<br>for Mental Disease                      | Nurses<br>and<br>Attendants | Patient<br>Load per<br>Nurse &<br>Attendant | Excess |          | Required<br>Number of<br>Nurses and<br>Attendants | Deficit in<br>Nurses and<br>Attendants | Graduate<br>Nurses | Per cent<br>of<br>Graduate<br>Nurses |
|--|-----------------------------|---|--------|----------|---|--|--------------------|--------------------------------------|
|  |                             |   | No.    | Per cent |   |  |                    |                                      |
| Cherokee State Hospital                                    | 95                          | 17.6  | 9.6    | 210.0    | 210   | 115                                    | 9                  | 9.5                                  |
| Clarinda State Hospital                                    | 84                          | 19.7  | 11.7   | 146.3    | 207   | 123                                    | 5                  | 6.0                                  |
| Independence State<br>Hospital                             | 109                         | 16.2  | 8.2    | 102.5    | 221   | 112                                    | 2                  | 1.8                                  |
| Mt. Pleasant State<br>Hospital                             | 63                          | 23.7  | 15.7   | 196.3    | 187   | 124                                    | 3                  | 4.8                                  |
| Total - Mental<br>Disease                                  | 351                         | 18.8  | 10.8   | 135.0    | 825   | 474                                    | 19                 | 5.4                                  |
| State Institutions<br>for Mental Defect<br>and Epilepsy    |                             |   |        |          |   |  |                    |                                      |
| Iowa Institution for<br>Feeble-minded Children             | 99                          | 18.8  |        |          |   |  | 3                  | 3.0                                  |
| Hospital for Epileptics<br>and School for<br>Feeble-minded | 89                          | 15.8  |        |          |   |  | 6                  | 6.7                                  |
| Total - Mental<br>Defect and<br>Epilepsy                   | 188                         | 17.4  |        |          |   |  | 9                  |                                      |
| Veterans' Administration<br>Facility, Knoxville            | 178                         | 4.8   | -3.2   | -40.0    |   |  | 30                 | 16.9                                 |



Compara-  
son with  
other  
states

With regard to the patient load per nurse and attendant, some other states also fall below the standards established by the American Psychiatric Association. The patient load per nurse and attendant in Iowa and in other states is shown on Table XXIV and Graph VII.

The patient load per nurse and attendant in Iowa is nearly twice as high as in the entire country and from two and one-half times to three times as high as in Ontario and Massachusetts respectively.

In institutions for mental defect and epilepsy Iowa's load of attendant personnel exceeds that of the comparable states as shown in the above table. It is one and one-half times as high as in the country as a whole and about two and one-half times as high as in Massachusetts.

The proportion of graduate nurses in Iowa is only about one-half of the proportion in the country as a whole and from one-fifth to one-third of the proportion in Ontario and Massachusetts respectively, as shown in Graph VIII.

In institutions for mental defectives and epileptics, the proportion in Iowa is only one-twelfth of the proportion in Ontario.

Trend in  
nursing  
care The patient load per nurse and attendant has increased from 16.5 in 1926 to 18.8 in 1937, an increase of 13.9 per cent in the state hospitals for mental disease. In institutions for mental defect and epilepsy the load is increased from 16.3 to 17.4 in 1937, an increase of 3.6 per cent. These data appear in Table XXV.



TABLE XXIV  
Patient Load per Nurse and Attendant in State Institutions for Mental Disease and for Mental Defect and Epilepsy in Iowa as compared with other sections, 1935

| State Hospitals for Mental Disease                | Average Daily Resident Patient Population | Number of Nurses and Attendants | Patient Load per Nurse and Attendant | Excess | Per Cent | Number of Graduate Nurses | Per cent of Graduate Nurses |
|---|---|---------------------------------|--------------------------------------|--------|----------|---------------------------|-----------------------------|
| Iowa*   | 6,300                                     | 351                             | 18.8                                 | 10.8   | 135.0    | 19                        | 5.4                         |
| West North Central Region                         | 38,722                                    | 2,608                           | 14.8                                 | 6.8    | 85.0     | 334                       | 12.8                        |
| Massachusetts                                     | 18,722                                    | 2,757                           | 6.8                                  | -1.2   | -15.0    | 392                       | 14.2                        |
| Ontario*  | 10,476                                    | 1,521                           | 8.2                                  | 0.2    | 2.5      | 321#                      | 24.6#                       |
| United States                                     | 347,532                                   | 32,865                          | 10.6                                 | 2.6    | 32.5     | 3,630                     | 11.0                        |
| State Institutions for Mental Defect and Epilepsy |   |                                 |                                      |        |          |                           |                             |
| Iowa  | 2,981                                     | 181                             | 16.5                                 |        |          | 6                         | 3.3                         |
| West North Central Region                         | 11,669                                    | 764                             | 15.3                                 |        |          | 20                        | 2.6                         |
| Massachusetts                                     | 6,358                                     | 919                             | 6.9                                  |        |          | 26                        | 2.8                         |
| Ontario*  | 2,370                                     | 193                             | 12.3                                 |        |          | 71                        | 36.8                        |
| United States                                     | 88,348                                    | 7,511                           | 11.8                                 |        |          | 347                       | 4.6                         |

\* Mental Hospital Survey, 1937

# Excluding the hospital at Whitby, Ontario

Source: "Patients in Hospitals for Mental Disease" and "Mental Defectives and Epileptics in Institutions", Bureau of the Census, United States Department of Commerce.  
"Survey of the Ontario Hospitals", Mental Hospital Survey Committee, 1937.



Table XXV

Patient Load per Nurse and Attendant in State Institutions for  
Mental Disease and for Mental Defect and Epilepsy in Iowa, 1926-1935

|      | <u>Mental<br/>Disease</u> | <u>Mental Defect<br/>and Epilepsy</u> |
|------|---------------------------|---------------------------------------|
| 1926 | 16.5                      | 16.8                                  |
| 1927 | 16.3                      | 17.2                                  |
| 1928 | 15.8                      | 28.2                                  |
| 1929 | 16.4                      | *                                     |
| 1930 | 16.6                      | *                                     |
| 1931 | 16.7                      | *                                     |
| 1932 | 17.0                      | 17.7                                  |
| 1933 | 18.9                      | 17.6                                  |
| 1934 | 19.9                      | 18.4                                  |
| 1935 | 18.3                      | 18.5                                  |
| 1937 | 18.8                      | 17.4                                  |

\* Data not available











Source: "Patients in Hospitals for Mental Disease" and "Mental Defectives and Epileptics in Institutions", Bureau of the Census, United States Department of Commerce.



PATIENT LOAD PER NURSE AND ATTENDANT  
IN STATE HOSPITALS FOR MENTAL DISEASE IN IOWA  
AS COMPARED WITH OTHER SECTIONS

1935

EACH PATIENT FIGURE REPRESENTS 4 PATIENTS

|                           | <u>PATIENT<br/>LOAD</u> | <u>STANDARD<br/>PATIENT<br/>LOAD<br/>PER NURSE</u>                                    | <u>EXCESS<br/>PATIENT<br/>LOAD</u>  |
|---------------------------|-------------------------|---|---|
| IOWA                      | 16.8                    |    |    |
| WEST NORTH CENTRAL REGION | 14.8                    |   |   |
| MASSACHUSETTS             | 6.8                     |  |   |
| ONTARIO                   | 8.2                     |  |  |
| UNITED STATES             | 10.6                    |  |  |
| STANDARD                  | 8.0                     |  |   |



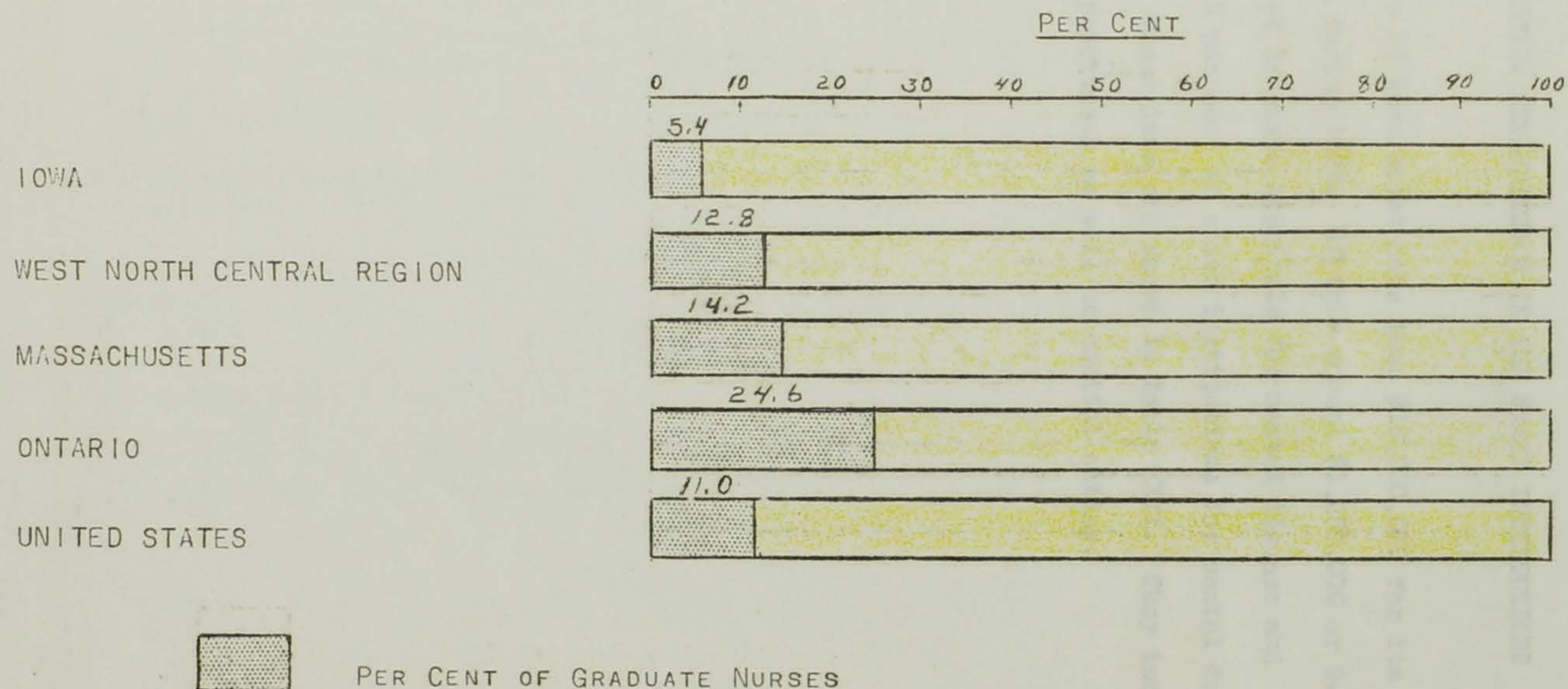
GRAPH VIII.

PER CENT OF GRADUATE NURSES

IN NURSING PERSONNEL OF STATE HOSPITALS FOR MENTAL DISEASE IN IOWA

AS COMPARED WITH OTHER SECTIONS

1935





V PER CAPITA EXPENDITURES IN THE STATE INSTITUTIONS

Per cent  
of total  
state  
expendi-  
tures de-  
voted to  
mental  
disease

The state of Iowa spent more than \$15,000,000 for its general budget during 1936. Of this amount \$1,250,000 or 8.2 per cent was devoted to state hospitals for mental disease and \$530,000 or 3.5 per cent to state institutions for mental defect and epilepsy. These data are shown in Table XXVI. They include maintenance expenditures as well as capital outlay.



Table XXVI

Expenditures of the State of Iowa for All Purposes\*  
For Year Ending June 30, 1936

|  | <u>Amount</u>   | <u>Amount</u>   | <u>Per cent</u> | <u>Per cent</u> |
|--|-----------------|-----------------|-----------------|-----------------|
| Total State Departments                        |                 | \$3,303,483.91  |                 | 21.5            |
| Total Board of Control                         |                 | 3,502,745.53    |                 | 22.8            |
| Hospitals for Mental Disease                   | \$ 1,253,994.64 |                 | 8.2             |                 |
| Institutions for Mental<br>Defect and Epilepsy | 529,409.97      |                 | 3.5             |                 |
| Other Institutions                             | 1,719,340.92    |                 | 11.2            |                 |
| Total Board of Educational<br>Institution      |                 | 8,534,977.73    |                 | 55.6            |
| Grand Total                                    |                 | \$15,341,207.17 |                 | 100.            |

\* Including capital outlay.

Source: Budget Report, Biennium Beginning July 1, 1937 and Ending June 30, 1939, State of Iowa, Summary of Expenditures, Pages 70-72.



The most recent comparable data on maintenance expenditures alone for Iowa and other states, giving the total expenditures and the proportion devoted to mental disease and mental defect and epilepsy, are as of 1932. The data for that year are shown in Table XXVII.

Table XXVII

Proportion of Total State Budget Devoted to Mental Disease  
and to Mental Defect and Epilepsy in Iowa  
as Compared with Other States, 1932

|                              | State Government<br>Expenditures for<br>Operation and<br>Maintenance of<br>General Departments |          | Maintenance<br>Expenditures<br>in State Hospitals<br>for Mental Disease |          | Maintenance<br>Expenditures in<br>State Institutions<br>for Mental Defect<br>and Epilepsy |          |
|------------------------------|--|----------|---|----------|---|----------|
|                              | <u>Amount</u>  | <u>%</u> | <u>Amount</u>   | <u>%</u> | <u>Amount</u>   | <u>%</u> |
| Iowa                         | \$ 23,580,000  | 100.     | \$ 1,323,794  | 5.61     | \$ 699,488  | 3.0      |
| West North<br>Central Region | 140,030,000  | 100.     | 6,995,730   | 5.00     | 2,358,651   | 1.7      |
| Massachusetts                | 43,474,000   | 100.     | 6,108,093   | 14.05    | 1,924,878   | 4.4      |
| New York                     | 243,717,000  | 100.     | 20,473,233  | 8.40     | 4,368,260   | 1.8      |
| United States                | 1,501,393,000  | 100.     | 84,190,712  | 5.61     | 21,147,624  | 1.4      |

Source: "Financial Statistics of State and Local Governments, 1932." "Mental Patients in State Hospitals, 1931 and 1932", "Mental Defectives and Epileptics in Institutions", Bureau of the Census, United States Department of Commerce.

Iowa spent \$23,000,000 for the operation and maintenance of its general state departments in that year. Of this amount, \$1,324,000 or 5.6 per cent was devoted to the maintenance of the state mental hospitals and \$700,000 or 3.0 per cent for the maintenance of its institutions for mental defectives and epileptics. Iowa spent proportionately as much as the average for the entire country for mental disease but only about one-third as much proportionately as Massachusetts and a little more



than half as much ~~as~~ New York. For mental defect and epilepsy Iowa spends proportionately more than the rest of the country, being exceeded only by Massachusetts.

Per cap-  
ita expendi-  
tures in the  
state  
institu-  
tions

The per capita expenditures in the state institutions for mental patients are shown in Table XXVIII.

Table XXVIII

Annual Per Capita Expenditures in the State Institutions  
for Mental Patients in Iowa, June 30, 1936

| <u>State Hospitals</u><br><u>for Mental Disease</u>                    | <u>Average Daily</u><br><u>Resident</u><br><u>Patient</u><br><u>Population</u> | <u>Total</u><br><u>Expenditures*</u> | <u>Per</u><br><u>Capita</u> |
|--|--|--------------------------------------|-----------------------------|
| Cherokee State Hospital  | 1,663  | \$ 309,318.00                        | \$ 186.00                   |
| Clarinda State Hospital  | 1,710  | 292,615.20                           | 171.12                      |
| Independence State Hospital  | 1,735  | 328,123.20                           | 189.12                      |
| Mt. Pleasant State Hospital  | 1,629  | 324,105.84                           | 198.96                      |
|  |  |                                      |                             |
| Total Mental Disease   | <u>6,737</u>   | <u>\$ 1,254,162.24</u>               | <u>\$ 186.16</u>            |
| <br><u>State Institutions for</u><br><u>Mental Defect and Epilepsy</u> |  |                                      |                             |
| Iowa Institution for Feeble-<br>minded Children                        | 1,747  | \$ 324,522.72                        | \$ 185.76                   |
| Hospital for Epileptics and<br>School for Feeble-minded                | 1,275  | 252,450.00                           | 198.00                      |
|  |  |                                      |                             |
| Total Mental Defect and<br>Epilepsy                                    | <u>3,022</u>   | <u>\$ 576,972.72</u>                 | <u>\$ 190.92</u>            |

Source: Twentieth Biennial Report of the Board of Control of State Institutions, State of Iowa, 1936. Table No. 1, Page 56.

\* Computed from monthly per capita expenditures.



The per capita expenditures for mental defectives and epileptics is slightly higher than the expenditures for mental disease in Iowa. In other states, the reverse holds true; institutions for the mentally diseased usually have higher per capita expenditures than the institutions for the mentally defective and epileptic.

Compar-  
ison with  
other  
states

The total per capita expenditures in State Hospitals for Mental Disease in Iowa for 1935 was \$175 which is lower than the per capita in the other states as shown in Table XXIX and Graph IX.



Table XXIX

Per Capita and Per Cent Maintenance Expenditures in State Institutions for Mental Disease  
and for Mental Defect and Epilepsy in Iowa as Compared with Other Sections, 1935

|  | Average<br>Daily<br>Resident<br>Patient<br>Population | Total<br>Per<br>Capita | %    | Salaries<br>and Wages<br>Per<br>Capita | %    | Provisions<br>Per<br>Capita | %    | Fuel, Light<br>and Water<br>Per<br>Capita | %    | Other<br>Per<br>Capita | %    |
|--|---|------------------------|------|--|------|-----------------------------|------|---|------|------------------------|------|
| <u>State Hospitals<br/>for Mental Diseases</u>                   |   |                        |      |  |      |                             |      |   |      |                        |      |
| Iowa   | 6,638   | \$175.28               | 100. | \$63.77                                | 36.4 | \$40.51                     | 23.1 | \$28.43                                   | 16.2 | \$42.57                | 24.3 |
| West North Central<br>Region                                     | 34,842  | 200.93                 | 100. | 82.53                                  | 41.1 | 49.38                       | 24.6 | 24.10                                     | 12.0 | 44.91                  | 22.4 |
| Massachusetts  | 18,722  | 364.75                 | 100. | 189.17                                 | 51.9 | 62.75                       | 17.2 | 41.44                                     | 11.4 | 71.40                  | 19.6 |
| Ontario*   | 10,370  | 316.32                 | 100. | 172.60                                 | 54.6 | 63.31                       | 20.0 | 32.65                                     | 10.3 | 47.76                  | 15.1 |
| United States  | 347,074   | 253.17                 | 100. | 122.07                                 | 48.2 | 57.94                       | 22.9 | 22.62                                     | 8.9  | 50.55                  | 20.0 |
| <u>State Institutions<br/>for Mental Defect<br/>and Epilepsy</u> |   |                        |      |  |      |                             |      |   |      |                        |      |
| Iowa   | 2,981   | \$195.45               | 100. | \$ 80.35                               | 41.1 | \$38.89                     | 19.9 | \$23.63                                   | 12.1 | \$52.59                | 26.9 |
| West North Central<br>Region                                     | 11,669  | 204.44                 | 100. | 81.95                                  | 40.1 | 44.20                       | 21.6 | 25.06                                     | 12.3 | 53.22                  | 26.0 |
| Massachusetts  | 6,358   | 332.81                 | 100. | 169.07                                 | 50.8 | 54.40                       | 16.3 | 33.94                                     | 10.2 | 75.40                  | 22.7 |
| United States  | 89,268  | 252.22                 | 100. | 119.02                                 | 47.2 | 48.42                       | 19.2 | 25.45                                     | 10.1 | 59.34                  | 23.5 |

Source: \*"A Survey of the Ontario Hospitals", Mental Hospital Survey, 1937.  
 "Patients in Hospitals for Mental Disease", "Mental Defectives and Epileptics in Institutions",  
 Bureau of the Census, United States Department of Commerce.

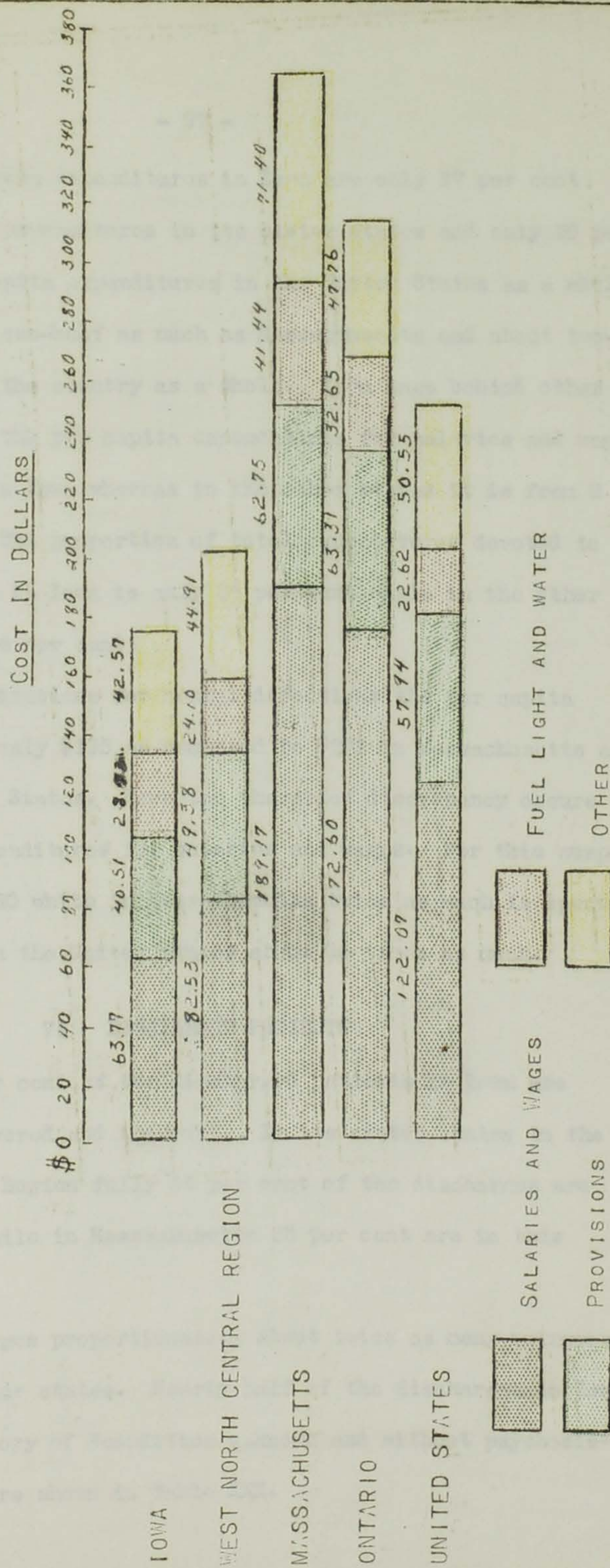


GRAPH IX.

DISTRIBUTION OF PER CAPITA MAINTENANCE EXPENDITURES

IN STATE HOSPITALS FOR MENTAL DISEASE IN IOWA  
AS COMPARED WITH OTHER SECTIONS

1935





The per capita expenditures in Iowa are only 87 per cent of the per capita expenditures in its sister states and only 69 per cent of the per capita expenditures in the United States as a whole. Iowa spends about one-half as much as Massachusetts and about two-thirds as much as the country as a whole. Iowa lags behind other states chiefly in the per capita expenditures for salaries and wages. This is only \$63 in Iowa whereas in the other states it is from 2 to 3 times as much. The proportion of total expenditures devoted to salaries and wages in Iowa is only 36 per cent while in the other states it is from 48 to 54 per cent.

In the institutions for mental defectives the per capita costs in Iowa are only \$195 as compared to \$332 in Massachusetts and \$252 in the United States. Here too the chief discrepancy occurs in the per capita expenditures for salaries and wages. For this purpose, Iowa spends only \$80 while in Massachusetts twice as much is spent for this purpose and in the United States about  $1\frac{1}{2}$  times as much.

## VI DISCHARGED PATIENTS

About 30 per cent of the discharged patients in Iowa are discharged as recovered and improved. In its sister states in the West North Central Region fully 66 per cent of the discharges are in this category while in Massachusetts 85 per cent are in this category.

Iowa discharges proportionately about twice as many unimproved patients as the other states. Nearly half of the discharges in Iowa belong in the category of "condition unknown and without psychosis".

These data are shown in Table XXX.



Table XXX

Condition of Patients on Discharge from  
State Hospitals for Mental Disease of Iowa As Compared With Other Sections, 1935

|                                 | <u>Total Discharges</u> |          | <u>With Psychosis</u> |          |                 |          |                                   |          |                         |          | <u>Condition Unknown &amp;<br/>Without Psychosis</u> |          |
|---------------------------------|-------------------------|----------|-----------------------|----------|-----------------|----------|-----------------------------------|----------|-------------------------|----------|--|----------|
|                                 |                         |          | <u>Recovered</u>      |          | <u>Improved</u> |          | <u>Recovered and<br/>Improved</u> |          | <u>Un-<br/>improved</u> |          |  |          |
|                                 | <u>No.</u>              | <u>%</u> | <u>No.</u>            | <u>%</u> | <u>No.</u>      | <u>%</u> | <u>No.</u>                        | <u>%</u> | <u>No.</u>              | <u>%</u> | <u>No.</u>   | <u>%</u> |
| Iowa                            | 1,015                   | 100.     | 292                   | 28.8     | 13              | 1.3      | 305                               | 30.0     | 219                     | 21.6     | 491  | 48.4     |
| West North<br>Central<br>Region | 4,129                   | 100.     | 1,219                 | 29.5     | 1,507           | 36.5     | 2,726                             | 66.0     | 475                     | 11.5     | 928  | 22.5     |
| Massachu-<br>setts              | 1,596                   | 100.     | 312                   | 19.5     | 1,049           | 65.7     | 1,361                             | 85.2     | 187                     | 11.7     | 48   | 3.0      |
| United<br>States                | 46,090                  | 100.     | 12,338                | 26.8     | 20,853          | 45.2     | 33,919                            | 72.0     | 4,546                   | 9.9      | 8,353  | 18.1     |

Source: "Patients in Hospitals for Mental Disease", Bureau of the Census, United States Department of Commerce.



### SUMMARY

#### Scope of problem

About 12,500 residents of Iowa are hospitalized in institutions for mental disease, mental defect and epilepsy. They are cared for in 72 institutions, of which 7 are state controlled, 57 controlled by counties, 7 privately controlled, and one is under the Veterans' Administration Facility.

#### Overcrowding

The state institutions are crowded beyond their capacity and there is need for 2,200 additional beds to care for patients with mental disease and about 600 for patients with mental defect and epilepsy.

#### Expenditures

Iowa spends about \$1,300,000 or 8 per cent of its total expenditures for its hospitals for mental disease, and about \$530,000 or 3.5 per cent for its institutions for mental defect and epilepsy. The per capita expenditures in Iowa for patients with mental disease is \$186 or 50 cents per day. This is about two-thirds of the average per capita expenditure in the other states. This low per capita cost is due primarily to low expenditure for salaries and wages, which in Iowa is only \$64 per annum, or about one-half of the per capita expenditure for this purpose in the other states. The per capita expenditure for mental defectives and epileptics is \$190 or 52 cents per day. This is about one-half of the per capita expenditure in the country as a whole.



Deficit in facilities

There is a deficit of facilities for about 2,200 patients chiefly in the western part of the state, calling for the erection of another hospital in that area.

Deficit in personnel

Iowa has only one-third as many physicians and nurses and attendants as it needs in its state hospitals for mental disease. The staffs of its institutions for mental defectives and epileptics are also overloaded.

Patients in county homes

About 1,600 patients or 13 per cent of the total are cared for in county homes.

Discharges

The proportion of patients discharged as recovered or improved is lower in Iowa than in comparable states.



ADDENDA

Institutions for Mental Disease in Iowa  
State Hospitals

Cherokee State Hospital

Clarinda State Hospital

Independence State Hospital

Mt. Pleasant State Hospital

Men's Reformatory (Insane Department), Anamosa

County Institutions

|             |            |            |
|-------------|------------|------------|
| Adair       | Des Moines | Louisa     |
| Allamakee   | Decatur    | Lucas      |
| Boone       | Floyd      | Montgomery |
| Butler      | Fayette    | Mitchell   |
| Black Hawk  | Grundy     | Marshall   |
| Bremer      | Guthrie    | Madison    |
| Buchanan    | Hancock    | Marion     |
| Clayton     | Hamilton   | Mahaska    |
| Chickasaw   | Henry      | Monroe     |
| Clinton     | Jasper     | Muscatine  |
| Cerro Gordo | Jefferson  | O'Brien    |
| Cedar       | Johnson    | Pocahontas |
| Cherokee    | Jones      | Poweshiek  |
| Delaware    | Keokuk     | Polk       |
| Dickinson   | Linn       | Sioux      |
| Dallas      | Lee        | Story      |



|           |            |            |
|-----------|------------|------------|
| Tama      | Webster    | Woodbury   |
| Union     | Wayne      | Winnnebago |
| Van Buren | Wapello    | Winneshiek |
|           | Washington |            |

Veterans' Administration Facility

Knoxville

Private Institutions

|  |                |
|--|----------------|
| St. Bernard's                          | Council Bluffs |
| Clear View Sanitarium<br>Chiropractic  | Davenport      |
| Forest Park Sanitarium<br>Chiropractic | Davenport      |
| Mercy Hospital                         | Davenport      |
| The Hills Retreat                      | Des Moines     |
| St. Joseph's Sanitarium                | Dubuque        |



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